The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the PHAB Standard and Measure 2.4.1. This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.

<table>
<thead>
<tr>
<th><strong>Document Title:</strong></th>
<th>HAN Communication COOP and Volunteer Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Document Date:</strong></td>
<td>2016/2017</td>
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</table>

**Version of Standards and Measures Used:** V 1.5

**Related PHAB Standard and Measure Number**

| Domain: | 2 | Standard: | 4 | Measure: | 1 | Required Documentation: | 1 |

**Short description of how this document meets the Standard and Measure’s requirements:**

The Mississippi Health Alert Network (HAN) allows government and non-government public health personnel, hospital, emergency management personnel and other key partners to receive current information about health emergencies 24/7/365. An email and list has been provided to include dentists and physicians on pages 28-32.

The Communications COOP is responsible for disseminating critical information within the agency, external communications partners and the media during an emergency event. Contacts are listed in the plan on pages 53-68.

The Volunteer Coordination Plan is responsible for coordinating and demobilizing clinical and non-clinical volunteers during an emergency. An email and list has been provided to include a variety of external partners on pages 297-300.

<table>
<thead>
<tr>
<th><strong>Submitting Agency:</strong></th>
<th>Mississippi State Department of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff Contact Name:</strong></td>
<td>Katherine Richardson</td>
</tr>
<tr>
<td><strong>Staff Contact Position:</strong></td>
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Purpose

The Mississippi Health Alert Network (HAN) is a communication tool for Public Health in Mississippi. The HAN is a secure, internet-based system that allows government and non-government public health personnel, hospital, and other key partners to receive current information about health emergencies.

On the local level, the HAN allows important information received from the Mississippi State Department of Health to be distributed to all appropriate local partners and health care providers. The HAN partners at the local level have the ability to receive information from the Centers for Disease Control and Prevention (CDC) HAN and to be informed of any state or local initiated notifications.

Definition

The HAN is a network of systems operated by local, state, and federal health departments in the United States, its territories, and CDC, to create, send, and manage health alerts (a type of alert that is specifically about a public health event or situation). This network is unified by virtue of inter-agency coordination, processes and protocols, terminology and semantics, and technological capability which are necessary due to the cross-jurisdictional nature of health threats and the public health response to them.

Overview

The HAN is a strong national program, providing vital health information and infrastructure to support dissemination of information at the state and local levels and beyond. The HAN ensures each community has rapid and timely access to emergent health information, highly-trained professional personnel, and evidence-based practices and procedures for effective public health preparedness, response, and service on a 24/7/365 basis. The HAN messaging system currently transmits health alerts, advisories, updates, and informational service messages.

Alerting

The HAN Coordinator is able to create and manage alerts and send them to people who participate in public health activities within the organization’s jurisdiction.

The HAN has the ability to send alerts on a 24/7/365 basis to key personnel and to organizations that are critical to the jurisdiction’s emergency response plan. The identification of key personnel and organizations is the responsibility of the Health Alert Network Coordinator. The HAN must be able to broadcast alerts to all recipients within the scope of the system.
The Mississippi Health Alert Network (HAN) is the first "primary" notification method for Mississippi public health response plans, updates, and alerts during an event as the key communication and information conduit to the public health departments, healthcare organizations, local governments, emergency management personnel statewide, and other key partners.

The HAN supports the ability for alert recipients to confirm they have received and acknowledged an alert. This acknowledgement must involve conscious deliberate action on the part of the recipient, such as pressing a specific key on a telephone. The HAN is able to record each recipient’s acknowledgement and report it.

The HAN is able to display or report delivery status information to the HAN Coordinator, in near-real time, including the number of recipients targeted to receive an alert, the number that have received it, and if a confirmation receipt is required.

The HAN provides a means of secure communication for delivery of alerts containing sensitive content. The term “secure communication” refers to methods used to ensure restricted information is delivered to and is available to only the intended recipients. It also refers to the fact that a communications method is secured, but does not refer to the technology used to make the method secure.

Secure communication involves the ability to restrict distribution of the alert and restrict access to the sensitive content, the ability to authenticate the identity of a user before delivering the sensitive content, and a message transport that is not easily open to unauthorized access.

Alerting Procedure:

1. When the Centers for Disease Control and Prevention issues a HAN message, the State Epidemiologist and/or Deputy Epidemiologist will review it for pertinence to determine if the message needs to be disseminated to the clinical community of Mississippi.
2. If it is determined to disseminate, the State Epidemiologist and/or Deputy Epidemiologist will determine whether the message needs to be altered or updated to be accurate and correct for Mississippi.
3. Epidemiology’s HAN coordinator will then disseminate the message to the intended recipients including the Director of Health Protection and the Director of the Office of Emergency Planning and Response (OEPR).
4. The Director of Health Protection and the Director of OEPR will disseminate the message to internal and external partners including the District Public Health Emergency Preparedness teams, Emergency Medical Services providers, Law Enforcement, Fire Service, and Emergency Managers.
Information is Shared

The Director of Health Protection and the Director of OEPR will disseminate the message to internal and external partners

State Epidemiologist and/or Deputy will determine to disseminate to Clinicians

State Epidemiologist and/or Deputy will determine whether the message needs to be altered

Epidemiology HAN Coordinator will then disseminate the message to their list serve

State Epidemiologist and/or Deputy will make appropriate changes or additions
Health Alert Notification Classification Levels

There are several message types of Health Alert Network (HAN) communications as defined by the Centers for Disease Control and Prevention. These classifications are listed in decreasing order of severity:

**Health Alert** – conveys the highest level of importance and warrants immediate action. Means of transmission include voice notification, fax, email, and text messaging.

**Health Advisory** – provides important information for a specific incident and may not require immediate action. Means of transmission include e-mail, fax, voice notification, and text messaging.

**Health Update** – provides updated information regarding an incident or situation and unlikely to require immediate action. Means of transmission include e-mail, fax, voice, and text messaging.

**Health Message** – Provides general public health information and unlikely to require immediate action. Means of transmission include e-mail, fax, voice, and text messaging. See Appendix E for a HAN authorized message example.

Each HAN classification level is clearly stated at the beginning of each communication. This aids in quick identification and differentiation of HAN messages from other types of communication.

The following are methods the HAN message may be delivered:

- Email
- Fax
- Voice (Phone/Land-line, Cellular, or Satellite)
- Text Messaging

The three Mississippi State Department of Health (MSDH) executive level positions authorized to release a HAN message are:

- State Health Officer
- State Epidemiologist
- Director of Communicable Diseases

Public Health Priority Recipient Roles

The MSDH utilizes the HAN as a secure portal for notifications. This portal includes a role-based directory which defines public health roles as determined by the Public Health Information Network guidance ([www.cdc.gov/phin](http://www.cdc.gov/phin)). The public health directory contains contact information, jurisdictions, and communication devices for organizations and persons involved in public health. This role-based directory allows the user a quick and efficient search engine for priority recipients’ roles without
knowing the correct title or name of the individual. Refer to Appendix D for a description of the priority recipients’ roles. In the Health Alert Network (HAN) system, the priority recipients’ roles consist of the following in each jurisdiction:

- Chief Epidemiologist
- Chief Public Health Veterinarian
- Emergency Preparedness Coordinator
- Environmental Health Director
- Epidemiology Field Officer
- Health Alert Network Coordinator
- Jurisdiction’s 24/7 Contact Profile
- Laboratory Director
- Poison Control Center Director
- Public Information Officer
- State Health Officer

Priority recipients are selected, per notification, based on the context of the alert. Jurisdictions are instructed to provide the Centers for Disease Control and Prevention with current contact information for priority recipients at least quarterly.

**Target Audience**

The HAN broadcasts alerts to all recipients within the scope of the system. The HAN must also be able to direct alerts to specified people and organizations based, for example, on the nature of the event, urgency of delivery, type of response required, jurisdictions affected, severity of the event, or sensitivity of the content. HAN partners must be able to send and receive alerts between jurisdictions.

HAN messages are sent to a wide variety of recipients. The target audience varies depending on the type of message. The target audience includes players/groups that are internal and external (cross-jurisdictional alerting) to the Mississippi State Department of Health.

Cross-jurisdictional alerting occurs when a public health organization must issue an alert to people and organizations outside of its own jurisdiction. Examples of cross-jurisdictional alerting include:

- A federal agency communicating to state or local health department workers or to physicians and laboratories, etc., within a state’s jurisdiction.
- A state health department communicating to local health department workers or to federal agency workers.
- A local health department communicating to state or federal workers.
- A state health department communicating to workers in another state’s health department.
There are two possible methods for sending alerts across jurisdictional boundaries:

- **Direct alerting** is the process in which a Health Alert Network (HAN) system delivers an alert to a recipient. This is the normal mode of alerting when the recipient works within the organization or its jurisdiction. Direct alerting can also be used to accomplish cross-jurisdictional alerting; an alerting system in one jurisdiction sending messages to recipients within another jurisdiction.

- **Cascade alerting** is a system-to-system message from one jurisdiction to another; the receiving system distributes the alert to the appropriate recipients within the jurisdiction. The message contains the alert along with parameters describing how and to whom the message should be delivered. Cascade alerting is the preferred method for sending cross-jurisdictional alerts. It allows the Public Health Information Network partner organizations to better control public health alerting within their jurisdiction.

Whenever alerts are sent to recipients in another jurisdiction, the HAN Coordinator in the other jurisdiction must be included as a recipient.

Jurisdictions receiving an alert from another jurisdiction for distribution may not alter the content of the original alert but may add additional information to qualify the content. Jurisdictions may delete the original point-of-contact information in a received alert and substitute contact information relevant to the receiving jurisdiction.

When sending a cross-jurisdictional alert, all recipient partner organizations capable of receiving cascade alert messages must be sent a cascade alert. All other recipient partner organizations must be sent a direct alert.

Systems receiving a cascade alert must transmit an acknowledgement message to the initiating system upon receipt of the alert.

The following are players/groups targeted by the HAN message notification:

**Internal to the agency:**

- Incident Command System Functional Roles – Primary, Secondary, and Tertiary for the Public Health Command/Coordination Center
- Executive Staff Team
- North Mississippi City Readiness Initiative (CRI) Team (Memphis CRI) and Jackson, Mississippi CRI Team
- Strategic National Stockpile Response Teams (Nine Public Health Districts)
- District and Local Staff (Public Health District-Wide Call-Down) Receipt, Staging, and Storage Team
- Health Informatics Response
Team External to the agency:

- Dentists
- Health and Long Term Care Facilities
- Hospital Administrators and Emergency Department Contacts
- Mississippi Laboratory Facilities
- Pharmacists
- Physicians

Modes of Transmission

The mechanisms for sending Mississippi Health Alert Network (HAN) messages are as follows:

- Fax through the HAN system
- Mississippi State Department of Health email service (Microsoft Outlook/Exchange) notification
- Voice Communication System (telephone and pager) notification - by satellite, cellular or landline voice system, and an alpha or numeric pager system.

Standard e-mail should not be used for secure communication because it travels the public internet. It does not protect against unauthorized access to message content and does not reliably restrict access. Standard e-mail systems administered by the partner organization, coupled with security controls governing access to the email system, is suitable for secure communication.

Fax transmission is unsuitable for secure communication because there is no recipient authentication or control over who might pick up the fax.

Delivery by land-line and digital phone networks can be used in conjunction with a recipient authentication method, e.g. requiring entry of a personal identification number.

Health Alert Network Messaging Format

Standardization of the alert format helps to ensure public health organizations can communicate effectively within their jurisdictions and with other jurisdictions, especially during emergencies. Each alert should address a single issue or health event rather than combining multiple issues and events.

Alert content should be sent in a HAN messaging format compatible with the device of the recipient.
The original Health Alert Network (HAN) message comes from one of two sources, the Mississippi State Department of Health (MSDH) or the Centers for Disease Control and Prevention (CDC). The format for every HAN message is as follows:

- **Subject Message Identification**: Contains the message identification, recipients, date, and subject of the HAN message.
- **Notification Message**: A message, usually written by the State Epidemiologist, describing the nature of the HAN message.
- **HAN Message**: The actual message which contains the reason for the notification and instructional procedures, if necessary.
- **Specification Page**: Contains information required by CDC referenced in the section definition of alerting vocabulary and message specification settings (see Appendix B).

The original author is to ensure the HAN message meets the following criteria:

- **Context**: Clearly describes the background/current situation to provide overall context.
- **Actionable**: Provides jurisdictional or CDC recommended actions to the recipient.
- **The message should state who is responsible for performing each action item.**
- **Resources**: Provides all contact information, jurisdictional, CDC web links, and/or similar resources so the audience can find more information on the topic.
- **Adheres to risk communication principles**: Is timely, concise, and accurate.

**Health Alert Network System Test**

The purpose of this test is to ensure that the MSDH has a procedure in place to contact on-call staff at any given moment. The calls are pre-scheduled at random times during the day. The ultimate goal is to ensure prompt response to calls and provide a reliable way to contact staff when in need.

**HAN System Test Procedure**:

1. Log into HAN System
2. Click the Messages tab
3. Click the Compose button
   
   Select the following options
   1) **Sender**: System
   2) **Is this a PHIN Direct Communication?**: No
   3) **Communication Type**: Actual
   4) **Recipients**
• Click the Add Recipient
  o Search for the on-call staff name (if they are not listed add them to the system) adding names requires administrative rights.

5) Subject: Ex: Call Test

6) Long Message
  • Select Email
    o Write a message Ex: This is a test for the 24/7 on call staff

7) Short Message
  • Write a message Ex: This is a test for the 24/7 on call staff

8) Voice Message
  • Select Phone
  • Click Update Recorded Message
    o Select Record Audio
      ▪ Follow the directions and enter a file name and Save
  • TTD/TTY
    o Write a message Ex: This is a test for the 24/7 on call staff

9) Delivery Delay: 0

10) Send time
  • Select immediately for right now message
  • Select Delay until to schedule the call for a later time

11) Priority: Normal

12) Message Delivery: Escalation

13) Time this message is available: select 24 – 48 hours

14) Validate Recipient: Yes

15) Leave Message: Yes

16) Do not re-contact if:
  • Select the following
    o Recipient listens to entire message
    o Recipient listens to partial message

17) Number of times to contact: select 1 -3

18) Time between each contact attempt: select 5, 10, 15, or 20

19) Request a Response: Yes

20) Do you want to save…: Yes (if you are planning to use this format again) or No
  • If yes, enter a Name

21) Click Send
  • You can click preview and test to ensure everything looks the way it should
The system has a capability to download an excel spreadsheet of the call times and response time from each recipient. This report maintains a stamp time/real time of when the call was sent and when the recipient responded.

**Steps to retrieve the message log:**

1. Click the Message tab
2. Click Sent
3. Find the message that was sent
   a. Double click the message
   b. Select the Message Response option
   c. Click the Export CVS option in the right hand corner
   d. Download the report
   e. Print

The system keeps the test logs until no longer needed. The calls can be set up quarterly in advance by using the delay until option under the setup steps.
Attachments

Attachment A: Acronyms
Attachment B: Definitions of Alerting Vocabulary and Message Specification Settings
Attachment C: Terms and Definitions
Attachment D: Public Health Priority Recipients Roles
Attachment E: Authorization of Health Alert Network Notification
Attachment F: Examples of Health Alert Network Messages
Attachment G: Examples of Health Alert Network System Call Test Report
## Attachment A: Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CRI</td>
<td>Cities Readiness Initiative</td>
</tr>
<tr>
<td>HAN</td>
<td>Health Alert Network</td>
</tr>
<tr>
<td>MSDH</td>
<td>Mississippi State Department of Health</td>
</tr>
<tr>
<td>OEPR</td>
<td>Office of Emergency Planning and Response</td>
</tr>
<tr>
<td>PHCC</td>
<td>Public Health Command/Coordination Center</td>
</tr>
</tbody>
</table>
Attachment B: Definitions of Alerting Vocabulary and Message Specification Settings

Acknowledgement: Indicates whether a recipient is required to confirm the alert was received and the timeframe in which a response is required.

Alerting Program: The program sends the alert/information using Public Health Information Network Communication and Alerting as the vehicle for its delivery.

Delivery Time: The timeframe for delivery of the alert within:

- 15 minutes
- 60 minutes
- 24 hours
- 72 hours

Message Expiration: The time and date the notification message will expire. Most notifications do not have an expiration date and are indicated as undetermined.

Message Identifier: A unique identifier is generated by Centers for Disease Control and Prevention (CDC) upon alert activation which states the year/month/day, time, and alert type. Mississippi State Department of Health utilizes the CDC generated identifier with Mississippi placed in front of the CDC identifier.

Message Type: Identifies the alert as original information, additional information, or the alert has been cancelled or retracted.

- Alert: Indicates an original alert.
- Update: Indicates prior alert has been updated and/or superseded.
- Cancel: Indicates prior alert has been cancelled.
- Error: Indicates prior alert has been retracted.

Non-sensitive: Indicates the alert contains non-sensitive content.

Originating Agency: The agency which sent the original alert. This is a unique identifier for the originating agency.

Program Type: Identifies the alert as original information requiring immediate action/attention. Additional information/updates which immediate action/attention may not be required or general public health information that may not require action/attention.

- Health Alert: Conveys the highest level of importance and warrants immediate action or attention.
• **Health Advisory**: Provides important information for a specific incident or situation and may not require immediate action.
• **Health Update**: Provides updated information regarding an incident or situation and is unlikely to require immediate action.
• **Health Information Service**: Provides message/notification of general public health information and is unlikely to require immediate action.

**Reference**: For a communication or alert with a message type of “Update” or “Cancel”, this attribute contains the unique message identifier of the original communication or alert being updated or cancelled.

**Sensitive**: Indicates the alert contains information that is classified or involving discretionary authority or is available for general dissemination. Sensitive indicates the alert contains sensitive content. Non-sensitive indicates the alert contains non-sensitive content.

**Severity**: An indication of the degree of threat to life or property

- Extreme: Extraordinary threat to life or property.
- Severe: Significant threat to life or property.
- Moderate: Possible threat to life or property.
- Minor: Minimal threat to life or property.
- Unknown: Unknown threat to life or property.

**Status (Type)**: Describes the type of message being delivered.

- Actual: Communication or alert refers to a live event.
- Exercise: Designated recipients must respond to the communication or alert.
- Test: Communication or alert is related to a technical, system test and should be disregarded.

**Urgency**: Responsive action should be taken immediately. The status is undetermined.
Attachment C: Terms and Definitions

National Health Alert Network (HAN) Program recommends standards be used throughout systems supporting HAN notifications. Vocabulary requirements include:

**Alert:** A time-sensitive tactical communication sent to parties potentially impacted by an event to increase their preparedness and response. Alerts can convey:

- Urgent information for immediate action
- Interim information with actions that may be required in the near future
- Information that requires minimal or no action by responders

**Cascade Alerting:** The process by which a HAN program receives alert notifications from another HAN program and disseminates that information to its own stakeholders.

**Center for Disease Control and Prevention (CDC) HAN Information Service Message:** The message provides general correspondence from CDC.

**CDC Health Advisory:** Provides important information for a specific incident or situation and may not require immediate action.

**CDC Health Alert:** This alert conveys the highest level of important information for a specific incident or situation that warrants immediate action or attention.

**CDC Health Update:** Provides updated information regarding an incident or situation and is unlikely to require immediate action.

**Direct Alerting:** The process by which a HAN program disseminates information to its immediate stakeholders.

**Health Alert Network (HAN):** A communication program that connects local, state, and national public health agencies and partners.

**HAN System:** The hardware, software, and infrastructure components that work together to provide a functional HAN.

**Health Alert:** An alert issued by a public health agency or public health partner specific to a health event delivered to people and organizations which the sender has a response relationship.

**Homeland Security Exercise and Evaluation Program:** A capabilities and performance-based exercise program that provides a standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning.
National Association of County and City Health Officers: A national organization that represents local health departments and supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems.

Public Health Emergency Preparedness: Common name of a cooperative agreement that is pivotal to the Health Alert Network program.

Public Health Information Network: A national initiative to improve the capacity of public health to use and exchange information electronically by promoting the use of standards and defining functional and technical requirements.

Priority Recipients: A set of functional roles to which Centers for Disease Control and Prevention issues federal alert notifications.

Public Health Preparedness: A set of 15 capabilities which serve as a national standard for state and local public health priorities and ensure federal preparedness funds are directed to priority areas within individual jurisdictions.

Stakeholders: Someone with an interest in a federal, jurisdictional, or local Health Alert Network program.
Attachment D: Centers for Disease Control and Prevention’s Public Health Priority Recipients Roles

Chief Epidemiologist: Responsible for the coordination of the public health surveillance, investigation, and response activities within the jurisdiction.

Chief Public Health Veterinarian: Responsible for the coordination of preventing exposures to controlling diseases that humans can get from animals and animal products and deals with zoonotic diseases.

Emergency Preparedness Coordinator: Responsible for the administration of terrorism related activities within the jurisdiction.

Environmental Health Director: Responsible for the coordination and direction of the jurisdiction’s Environmental Health Department.

Epidemiology Field Officer: A Center for Disease Control and Prevention Epidemiologist assigned to a state, local, or territorial public department to facilitate and strengthen epidemiological capacity and public health preparedness.

Health Alert Network Coordinator: Responsible for the coordination, implementation, and maintenance of the public health alert and information network for the agency or jurisdiction.

Jurisdiction’s 24/7 Contact Profile: A system to assure 24/7/365 availability for emergency reporting and for response to emergency cases (including both clinical and environmental response).

Laboratory Director: Responsible for the coordination of laboratory testing and reporting for the agency or jurisdiction.

Poison Control Center Director: Responsible for handling poison injury calls in a region.

Public Information Officer: Responsible for the coordination of public information and emergency risk communications for the jurisdiction.

State Health Officer: Responsible for the direction and administration of the jurisdiction’s Department of Health.
Attachment E: Authorization of a Health Alert Network Notification

MISSISSIPPI STATE DEPARTMENT OF HEALTH

MEMORANDUM

TO: Marc Wilson
    William Gong

DATE: January 27, 2010

FROM: Mary Currier, MD, MPH
      State Health Officer

RE: Health Alert Network (HAN) Messages

Effective immediately, all messages or other communications sent out through any part of our Health Alert Network (HAN) will require approval from the State Epidemiologist, or in his/her absence or unavailability, the State Health Officer, before being sent.

The one exception to this required approval is that HAN messages regarding the fluoridation of a water system sent to Dentists only may be approved by the State Dental Director.

Current cell phone numbers and other contact information for reaching the State Epidemiologist and State Health Officer will be provided on an updated basis.

If for any reason either the State Epidemiologist or State Health Officer cannot be contacted in a timely manner for approval, the Director of the Office of Communicable Disease can approve a HAN message in their stead.

MC:jlg

cc: Mike Lucius
    James H. Craig, III, CPM
    Paul Byers, MD
    Nicholas G. Mosca, DDS
    Joy Sennett

570 East Woodrow Wilson  Post Office Box 1700  Jackson, MS 36215-1700
1-866-HLTHY4U  www.HealthyMS.com
Equal Opportunity in Employment/Services
Attachment F: Health Alert Network Notification Examples

This is an official MS Health Alert Network (HAN) Advisory

MESSAGE ID: MSHAN-20140729-00363-ADV (Health Advisory)

RECIPIENTS: All Physicians, Hospitals, Emergency Rooms, Internal and Healthcare Providers - Statewide

DATE: Tuesday, July 29, 2014

SUBJECT: Ebola Virus Disease Confirmed in a Traveler to Nigeria, Two U.S. Healthcare Workers in Liberia

Dear Colleagues:

An Ebola Virus Disease (EVD) outbreak has been ongoing in several western African nations leading to 1,201 cases and 672 deaths as of July 23, 2014. Cases linked to this outbreak have been identified in Guinea, Sierra Leone and Liberia. A single case of fatal disease was recently identified in Nigeria in a recent traveler from Liberia. Transmission can occur following direct contact with the blood or secretions of an infected person. Though unlikely to spread into the United States, reports of infection in two U.S. healthcare workers in Liberia is a stark reminder of the potential risk of travel associated EVD.

Due to the continuing outbreak and the report of infection in two U.S. citizens who were providing direct health care in Liberia, the Centers for Disease Control and Prevention (CDC) “advises that healthcare providers in the U.S. should consider EVD in the differential diagnosis of febrile illness, with compatible symptoms, in any person with recent (within 21 days) travel history in the affected countries and consider isolation of those patients meeting these criteria, pending diagnostic testing.”

Please see the attached CDC Health Advisory for additional details. In the event that such an individual is identified in Mississippi, please notify the Mississippi State Department of Health immediately at 601 576-7725 (601 576-7400 after hours).

Sincerely,
Thomas Dobbs, MD, MPH
Ebola Virus Disease Confirmed in a Traveler to Nigeria, Two U.S. Healthcare Workers in Liberia

Summary

Nigerian health authorities have confirmed a diagnosis of Ebola Virus Disease (EVD) in a patient who died on Friday in a hospital in Lagos, Nigeria, after traveling from Liberia on July 20, 2014. The report marks the first Ebola case in Nigeria linked to the current outbreak in the West African countries of Guinea, Sierra Leone, and Liberia. Health authorities also reported this weekend that two U.S. citizens working in a hospital in Monrovia, Liberia, have confirmed Ebola virus infection. These recent cases, together with the continued increase in the number of Ebola cases in West Africa, underscore the potential for travel-associated spread of the disease and the risks of EVD to healthcare workers. While the possibility of infected persons entering the U.S. remains low, the Centers for Disease Control and Prevention (CDC) advises that healthcare providers in the U.S. should consider EVD in the differential diagnosis of febrile illness, with compatible symptoms, in any person with recent (within 21 days) travel history in the affected countries and consider isolation of those patients meeting these criteria, pending diagnostic testing.

Background

CDC is working with the World Health Organization (WHO), the ministries of health of Guinea, Liberia, and Sierra Leone, and other international organizations in response to an outbreak of EVD in West Africa, which was first reported in late March 2014. As of July 23, 2014, according to WHO, a total of 1,201 cases and 672 deaths (case fatality 55-60%) had been reported in Guinea, Liberia, and Sierra Leone. This is the largest outbreak of EVD ever documented and the first recorded in West Africa.

EVD is characterized by sudden onset of fever and malaise, accompanied by other nonspecific signs and symptoms, such as myalgia, headache, vomiting, and diarrhea. Patients with severe forms of the disease may develop multi-organ dysfunction, including hepatic damage, renal failure, and central nervous system involvement, leading to shock and death.
In outbreak settings, Ebola virus is typically first spread to humans after contact with infected wildlife and is then spread person-to-person through direct contact with bodily fluids such as, but not limited to, blood, urine, sweat, semen, and breast milk. The incubation period is usually 8–10 days (rarely ranging from 2–21 days). Patients can transmit the virus while febrile and through later stages of disease, as well as postmortem, when persons contact the body during funeral preparations. On July 25, the Nigerian Ministry of Health confirmed a diagnosis of EVD in a man who died in a hospital in the country’s capital of Lagos (population ~21 million). The man had been in isolation in the hospital since arriving at the Lagos airport from Liberia, where he apparently contracted the infection. Health authorities are investigating whether passengers or crew on the plane or other persons who had contact with the ill traveler are at risk for infection.

In addition, health authorities have reported that two U.S. healthcare workers at ELWA hospital in Monrovia, Liberia, have confirmed Ebola virus infection. One of the healthcare workers, a physician who worked with Ebola patients in the hospital, is symptomatic and in isolation. The other healthcare worker, a hygienist, developed fever but is showing no other signs of illness. The physician is an employee of Samaritan’s Purse, a North Carolina-based aid organization that has provided extensive assistance in Liberia since the beginning of the current outbreak. The other healthcare worker works with Soudan Interior Mission (SIM) in Liberia and was helping the joint SIM/Samaritan’s Purse team.

The recent cases in a traveler and in healthcare workers demonstrate the risk for spread of EVD in these populations. While no EVD cases have been reported in the United States, a human case, caused by a related virus, Marburg virus, occurred in Denver, Colorado in 2008. Successful implementation of standard precautions was sufficient to limit onward transmission. Other imported cases of viral hemorrhagic fever disease were also successfully managed through effective barrier methods, including a recent Lassa fever case in Minnesota.

**Recommendations**

EVD poses little risk to the U.S. general population at this time. However, U.S. healthcare workers are advised to be alert for signs and symptoms of EVD in patients with compatible illness who have a recent (within 21 days) travel history to countries where the outbreak is occurring, and should consider isolation of those patients meeting these criteria, pending diagnostic testing.

**For More Information**
Additional information on EVD can be found at: http://www.cdc.gov/ebola

Interim Guidance on EVD for healthcare workers can be found at:
http://www.cdc.gov/vhf/abroad/healthcare-workers.html

Travel notices for each country can be found at:


*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organization*
**Sent Message - Report generated on 06/20/2016 05:05 PM EDT**

**Date Sent** 04/23/2016 07:31 PM CDT  
**Status** Message Sent

**Recipient Statistics - All Recipients**

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**Response Options**

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### Advanced Delivery Options

- **Text Delivery Delay**: 5 minutes
- **Send Time**: Immediately
- **Message Delivery**: Escalation
- **Time this message is available for response**: 24 hours
- **Validate Recipient**: Yes
- **Number of times to contact**: 2
- **Time between each contact attempt**: 20 minutes

### Message Details

- **Sender**: Mississippi Health Alert Network
- **Subject**: Testing the 24/7 Call Contact
- **Message Types**: Email, Internal, Phone, Text Message
- **Is this communication sensitive**: No
- **Communication Type**: Actual
- **Long Message**: This is just a test... please respond to show you have received.
- **Short Message**: This is just a test... please respond to show you have received.

---

For Official Use Only
**Voice Message**

This is just a test... please respond to show you have received.

**Recipients**

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Here you go.

Latasha Easterling, DHA, MBA
HAN Coordinator - BSA II
**MSDH Office of Epidemiology**
Email: latasha.easterling@msdh.ms.gov
Office: 601-576-7725
Fax: 601-576-7497
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<td>Jacob</td>
<td><a href="mailto:chccski@cableone.net">chccski@cableone.net</a></td>
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<tr>
<td>Stanback</td>
<td>John</td>
<td><a href="mailto:jstanback@nmhs.net">jstanback@nmhs.net</a></td>
<td></td>
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<tr>
<td>Buckley</td>
<td>Robert</td>
<td><a href="mailto:rbuckley@nmhs.net">rbuckley@nmhs.net</a></td>
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<tr>
<td>Beezley</td>
<td>Alvin</td>
<td><a href="mailto:araybeez@aol.com">araybeez@aol.com</a></td>
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<tr>
<td>STARR JR JOHN</td>
<td><a href="mailto:ccwalker@bellsouth.net">ccwalker@bellsouth.net</a></td>
<td>Fax</td>
<td>662-323-2928</td>
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<tr>
<td>WALDROP RODNEY</td>
<td><a href="mailto:hlcdmd@cableone.net">hlcdmd@cableone.net</a></td>
<td>Fax</td>
<td>662-323-4048</td>
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<tr>
<td>HERRING BARRY</td>
<td><a href="mailto:info@martinoms.com">info@martinoms.com</a></td>
<td>Fax</td>
<td>662-323-6004</td>
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<td>BALZLI THOMAS</td>
<td><a href="mailto:wf@wesleyferguson.com">wf@wesleyferguson.com</a></td>
<td>Fax</td>
<td>662-323-7661</td>
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<tr>
<td>TURNER JERRY</td>
<td><a href="mailto:evansdentalferguson@yahoo.com">evansdentalferguson@yahoo.com</a></td>
<td>Fax</td>
<td>662-324-0554</td>
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<tr>
<td>GRAY WILLIAM</td>
<td><a href="mailto:bwherr@bellsouth.net">bwherr@bellsouth.net</a></td>
<td>Fax</td>
<td>662-324-2730</td>
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<tr>
<td>CURTIS DAVID</td>
<td><a href="mailto:fnfendo@aol.com">fnfendo@aol.com</a></td>
<td>Fax</td>
<td>662-327-0996</td>
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<tr>
<td>HARRELSO BENJAMIN</td>
<td><a href="mailto:manobles@yahoo.com">manobles@yahoo.com</a></td>
<td>Fax</td>
<td>662-327-1391</td>
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<tr>
<td>WIGUL F</td>
<td><a href="mailto:fob@star-comm.net">fob@star-comm.net</a></td>
<td>Fax</td>
<td>662-327-2014</td>
<td></td>
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<tr>
<td>CAMPASSI ROBIN</td>
<td><a href="mailto:docfields@cableone.net">docfields@cableone.net</a></td>
<td>Fax</td>
<td>662-327-4220</td>
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<tr>
<td>OGLETREE BENJAMIN</td>
<td><a href="mailto:jrosetti75@hotmail.com">jrosetti75@hotmail.com</a></td>
<td>Fax</td>
<td>662-328-1825</td>
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<tr>
<td>BOZEMAN EDWARD</td>
<td><a href="mailto:dkcurtis@tilc.com">dkcurtis@tilc.com</a></td>
<td>Fax</td>
<td>662-328-3862</td>
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<tr>
<td>ROBINSON JOHN</td>
<td><a href="mailto:wdc@cableone.net">wdc@cableone.net</a></td>
<td>Fax</td>
<td>662-328-4789</td>
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<tr>
<td>WALDROP MILTON</td>
<td><a href="mailto:ebozeman1@cableone.net">ebozeman1@cableone.net</a></td>
<td>Fax</td>
<td>662-328-9152</td>
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<tr>
<td>FORD FLOYD</td>
<td><a href="mailto:docgriff@aol.com">docgriff@aol.com</a></td>
<td>Fax</td>
<td>662-329-2771</td>
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<tr>
<td>GATEWOO JAMES</td>
<td><a href="mailto:benjaminharrelson@yahoo.com">benjaminharrelson@yahoo.com</a></td>
<td>Fax</td>
<td>662-329-3997</td>
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<tr>
<td>CALLAWAY COOPER</td>
<td><a href="mailto:drgpe42@cableone.net">drgpe42@cableone.net</a></td>
<td>Fax</td>
<td>662-329-4215</td>
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<tr>
<td>FIELDS JOHN</td>
<td><a href="mailto:katidoc951@yahoo.com">katidoc951@yahoo.com</a></td>
<td>Fax</td>
<td>662-329-9881</td>
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<tr>
<td>FERGUSON WESLEY</td>
<td><a href="mailto:dwighthardingdds@bellsouth.net">dwighthardingdds@bellsouth.net</a></td>
<td>Fax</td>
<td>662-338-0097</td>
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<tr>
<td>GOODGAIN LEONARD</td>
<td><a href="mailto:tbanks@tsixroads.com">tbanks@tsixroads.com</a></td>
<td>Fax</td>
<td>662-369-2811</td>
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<tr>
<td>SHEPHERD THOMAS</td>
<td><a href="mailto:mitchelldentalsuperstars@yahoo.com">mitchelldentalsuperstars@yahoo.com</a></td>
<td>Fax</td>
<td>662-369-4751</td>
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<tr>
<td>SIMPSON WILLIAM</td>
<td><a href="mailto:drjim24@tds.net">drjim24@tds.net</a></td>
<td>Fax</td>
<td>662-447-2706</td>
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<tr>
<td>OSWALT JERRY</td>
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<td>Fax</td>
<td>662-456-7497</td>
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<tr>
<td>EVANS A RENAE</td>
<td><a href="mailto:drjoe72@gmail.com">drjoe72@gmail.com</a></td>
<td>Fax</td>
<td>662-547-5107</td>
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<tr>
<td>DOBBS JIMMY</td>
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<td>Fax</td>
<td>662-628-1275</td>
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<td>LETTERI JOSEPH</td>
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<td>Fax</td>
<td>662-773-4223</td>
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<tr>
<td>MCNEYNO WILLIAM</td>
<td><a href="mailto:deddmd@live.com">deddmd@live.com</a></td>
<td>Fax</td>
<td>662-773-6217</td>
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Office of Communications
Continuity of Operations Plan

Mississippi State Department of Health
Public Health Emergency Preparedness and Planning Program

Approved: December 16, 2016
INTRODUCTION

The mission of the Mississippi State Department of Health (MSDH) is to promote and protect the health of the citizens of Mississippi. The MSDH provides services to the community through programs for families, especially women and children, in the areas of disease control, regulations, licensure, and environmental health. The MSDH recognizes the importance of maintaining essential functions during an event that may cause a disruption to normal operations. The MSDH is responsible for providing critical services during emergencies and to:

- Ensure continuous performance of the agency’s daily essential functions.
- Ensure continuous performance of the agency’s emergency response activities as the lead Emergency Support Function (ESF) 8, in addition to supporting roles for ESF 1, 3, 6, 10, 11, and 14.
- Protect critical facilities, equipment, vital records, and other assets.
- Reduce or mitigate disruptions to operations.
- Reduce loss of life and minimize damages and losses.
- Achieve a timely and orderly recovery from an emergency.
- Resume essential services to the citizens of Mississippi.

In addition, the MSDH Continuity of Operations (COOP) Program is designed to address three types of disruptions to daily operations:

- Denial of access to a facility (i.e., damage to the building)
- Denial of service due to a reduced workforce (i.e., pandemic flu)
- Denial of service due to equipment or systems failure (i.e., internet technology systems failure)
- This COOP Plan provides guidance for Communications personnel to carry out their responsibilities and to ensure essential functions are continued during an emergency or threat of an emergency that would affect normal operations.

Purpose

This Continuity of Operations (COOP) Plan will facilitate the ability of the Office of Communications to continue to perform essential functions in circumstances in which any office location is threatened or incapacitated and relocation of personnel and functions must occur.

The Office of Communications must be prepared to provide essential functions throughout the spectrum of possible threats from natural disasters to acts of terrorism and all other hazards and emergencies. This COOP Plan will aid in the mitigation of the effects of hazards, while providing for measures that will preserve life, minimize damage, enhance response and assistance during emergencies, and establish a recovery system to facilitate the return of the Office of Communications to its normal operational status.
Scope

The provisions of this document apply to all MSDH personnel and all locations where essential functions are conducted. The provisions of this document also apply to the array of emergencies and hazards that could threaten the Office of Communications requiring relocation of essential functions.

The scope of this document does not apply to temporary disruptions of service, such as short-term building evacuations or other situations where services are anticipated to be restored in the primary facility within a short period.

This COOP Plan will identify the essential functions, facilities, equipment, vital records, and other resources required to perform the essential functions and the procedures to facilitate a timely and orderly recovery from an event.

This COOP Plan is designed to meet the requirements of Federal Continuity Directive 1, the Emergency Management Accreditation Program, the National Incident Management System, and the National Fire Protection Association 1600 Planning Standards.

Situation

The Office of Communications is located on the first floor of the MSDH Central Office Osborne Building. The Central Office is in Jackson, the Mississippi state capital with an estimated population of over 180,000 residents. Two major universities are located in the city, Jackson State University and the University of Mississippi Medical Center. Several major roadways run through the area including Interstate 20 (east/west) and Interstate 55 (north/south). Two rail lines are located in close proximity to the area, transporting cargo and passengers daily. Jackson is located on the Pearl River, which is impounded northeast of the city and forms the Ross Barnett Reservoir. This 33,000-acre recreational reservoir has 105 miles of shoreline and has flooded the Jackson area in recent years. Jackson is vulnerable to a host of hazards including tornadoes, hazardous materials spills or releases, fires, drought, tropical storms, civil disturbance, and acts of terrorism.

Assumptions

- The Office of Communications will continue to be exposed to the hazards and risks identified in this COOP Plan as well as others that may develop in the future.

- Government officials will continue to recognize their responsibilities to public and employee safety and exercise their authority to implement this COOP program in a timely manner when confronted with real or threatened disasters.
Continuity of Operations Plan

- Procedures have been developed to support the resumption of time-sensitive business operations and functions in the event of their disruption at the facilities identified in the plan.

- The Office of Communications is committed to supporting service resumption and recovery efforts at alternate facilities, if required.

- The Office of Communications maintains a Risk Communications Plan that outlines policies and procedures necessary to ensure the survivability of critical resources and maintain continuity of operations during an emergency situation.
CONCEPT OF OPERATIONS

The Office of Communications has developed a concept of operations within the Mississippi State Department of Health (MSDH) Continuity of Operations (COOP) Program, which describes the approach to implementing the COOP Plan and how each critical element of COOP planning will be addressed. The operational phases are described in further detail in the MSDH Basic COOP Plan.

This section of the plan identifies how the Office of Communications will address issues associated with the following:

- Alert and notification
- Orders of succession and delegations of authority
- Backup/key personnel
- Continuity locations
- Continuity communications
- Essential functions
- Essential functions supporting elements

Alert and Notification

Emergency Notification

Many events that would trigger activation of this COOP Plan may be sudden and unexpected, so rapid notification of key personnel is necessary to initiate the procedures that will ensure continuity of essential functions. Attachment A: The Office of Communications Staff Roster includes contact information for the department.

Communication of information and guidance for personnel will proceed via telephone using current emergency notification procedures. Depending on the situation, information may be provided by e-mail or may also be provided through announcements released to local radio and television stations. Management and supervisory staff maintain contact lists for personnel who report to them and are responsible for notifying their staff in the event of an emergency.

With or without formal notification, key personnel should contact and/or proceed directly to their designated alternate location if an event occurs that is catastrophic to their facility and the facility is unsafe or not usable.

Roles and Responsibilities

The Office of Communications is responsible for disseminating critical information regarding the agency, internally and externally, during a COOP event. The Office of Communications will work closely with the Office of Emergency Planning and Response (OEPR) to craft messages regarding the operational status of the agency throughout the event. The Office of Communications, in conjunction with OEPR, will coordinate
continuity of operations plan

with health informatics to disseminate that information throughout the agency. Public health information will be posted by the Office of Communications on the statewide public information hotline.

These responsibilities are detailed in the Mississippi State Department of Health (MSDH) Basic Continuity of Operations (COOP) Plan and are also listed in the COOP Implementation Checklist in Attachment G.

During a widespread emergency involving the entire agency, the Office of Communications will operate from the MSDH-Public Health Command/Coordination Center or the Mississippi Emergency Management Agency State Emergency Operations Center. The MSDH COOP Plan outlines communication processes during events that occur with and without warning during business and non business hours.

During a COOP event, the Office of Communications will communicate internally via phone and e-mail as their primary modes of communication. If normal communication networks are unavailable, the department will rely on the Office of Emergency Planning and Response (OEPR) and Health Informatics for communication capabilities. Refer to the OEPR and the Health Informatics COOP Plans for a complete description of interoperable communications capabilities.

Call Trees

The Office of Communications has established call trees for the department. Call trees are located in Attachment A: Communications Internal Contact Lists.

Continuity of Operations

Orders of Succession and Delegations of Authority

The Office of Communications has identified successors and pre-delegated authorities for making leadership decisions in the event that key personnel are unavailable. All such pre-delegations specify what the authority covers, what limits have been placed upon exercising it, which successor will have the authority, and under what circumstances, if any, the authority may be delegated. The MSDH Basic Plan outlines orders of succession and delegations of authority for MSDH executive positions.

Orders of Succession: authorize key personnel to make leadership decisions in the event that the incumbent is unable to perform their necessary duties. Lines of succession are maintained to ensure continuity of essential functions. The following section outlines the order of succession for the Office of Communications.

- **Key Personnel:** Director of Communications
- **Successor 1:** Division Director
- **Successor 2:** Special Projects Officer IV
- **Successor 3:** Special Projects Officer V
Continuity of Operations Plan

- **Limitations:** Daily communications (operations per event only)

**Delegations of Authority:** specify who is authorized to make decisions or act on behalf of key personnel. The delegated individual should be relieved of his/her authority as the incumbent becomes available. An individual exercising the authority of a successor should keep a record of important actions taken and the period during which the authority is exercised.

The Director of Communications is responsible for ensuring that the office maintains daily functions. In the event that the Director is incapacitated or unavailable, the Division Director will assume those duties. This delegation of authority is in accordance with the Office of Communications internal policy and the Risk Communications Plan and will remain in effect until the Director is able to resume functions.

**Devolution Locations**

The Office of Communications recognizes that normal operations may be disrupted and that there may be a need to perform essential functions at an alternate location. Since the Mississippi State Department of Health (MSDH) is a centralized state agency, all MSDH locations have the capability of maintaining agency-specific systems, equipment, and personnel. The Office of Communications personnel may be able to co-locate with other Departments, depending on resource needs and space constraints. An “Available Space Matrix” is located in the MSDH Basic Plan.

Should relocations be required, the Office of Communications has also identified the alternate locations listed below:

**Primary Location:**
570 East Woodrow Wilson
Osborne Building, 1st Floor
Jackson, MS 39216

**Devolution Location 1:**
Mississippi Emergency Management Agency
1 MEMA Drive
Pearl, MS 39208

**Devolution Location 2:**
MSDH Logistics Warehouse
310 Airport Road, Suite B
Pearl, MS 39208
Devolution Location 3:
Maris, West & Baker
18 Northtown Drive
Jackson, MS 39211

The Office of Communications has memorandums of understanding with Maris, West, & Baker; Mississippi Hospital Association; and Harvey Dallas for printing services and alternate locations. Memorandums of Understanding have also been executed for Mississippi Press Association and Mississippi Association of Broadcasters for immediate dissemination of information if necessary. If the Office of Communications experiences a disruption to their printing capabilities, the office can temporarily utilize the Mississippi State Department of Health (MSDH) Facilities Department print shop located at the Lawson Street Complex.

Reconstitution Manager

Reconstitution is the process of resuming normal operations. Emergency specific reconstitution planning should begin as soon as the Continuity of Operations (COOP) Plan is executed. Because reconstitution can be very complex, MSDH will need to designate a Reconstitution Manager whose job is to focus solely on reconstitution issues.

This phase is initiated once all essential functions have been restored. Examples of reconstitution actions include restoring non-vital services and reconstruction in damaged areas. A reconstitution plan is developed after COOP activation to support the required recovery actions. Implementation actions associated with reconstitution include:

- Supervising either an orderly return to the normal operating facility, a move to another temporary facility, or to a new, permanent operating facility
- Verifying that all Information Technology systems, communications, and other required capabilities are available and operational and that MSDH is fully capable of accomplishing all essential functions and operations at the new or restored facility
- Conducting an after-action review of the effectiveness of the COOP Plan, identifying areas of improvement, documenting these in the MSDH corrective action plan, and developing a remedial action plan as soon as possible after the reconstitution
- Identifying which (if any) records were affected by the incident, and working with Health Informatics, the Department of Information Technology Services, and the State Department of Archives and History to ensure an effective transition or recovery of vital records, databases, and other records that were not designated as vital records.
Responsibilities of the Mississippi State Department of Health (MSDH)
Reconstitution Manager:

- Coordinate with appropriate agencies and organizations to find suitable space, either returning to the primary facilities or an alternate facility
- Develop a time-phased plan, listing functions and projects in order of priority for resuming normal operations
- Develop procedures, as necessary, for restructuring the staff
- Ensure the buildings are structurally safe and meet all occupancy regulations.

The Reconstitution Manager will be appointed based on the nature and type of emergency. The Reconstitution Manager should be flexible, creative, and well organized. This position requires critical thinking skills and equanimity under pressure.

Essential Functions

Essential functions are those activities and services that enable the agency to provide for the health and safety of residents and visitors of Mississippi; support the agency’s mission; and preserve and protect the employees and assets of the MSDH. During an event that disrupts, or has the potential to disrupt essential services, resources and staff may also be limited preventing the agency from performing all daily activities and services. The agency will focus on maintaining services identified as essential functions to ensure vital services are provided to stakeholders.

Key and backup personnel; vital files, records, and databases; and critical systems and equipment for Communications have been identified to support these essential functions. To help prioritize functions, the time criticality and recovery time objective (RTO) for each function was recorded.

During a COOP event, the Office of Communications, in concurrence with the COOP Activation Team, will focus continuity operations on restoring essential functions in order of highest priority and RTO.

MSDH has established “tiers” to describe the recovery priorities for essential functions in the following table.
Table 1: Essential Function/Recovery Time Objectives

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<thead>
<tr>
<th>Tier</th>
<th>Ratings</th>
<th>Recovery Time Objective</th>
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<tbody>
<tr>
<td>1</td>
<td>IMMEDIATE: These functions involve those with the direct and immediate effect on the agency to preserve life, safety, and protect property. These functions preserve the institution of government through command and control.</td>
<td>0 - 24 hours</td>
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<tr>
<td>2</td>
<td>CRITICAL: These functions can be delayed until Tier 1 functions are restored but must be operational within 72 hours.</td>
<td>24 hours to 72 hours</td>
</tr>
<tr>
<td>3</td>
<td>NECESSARY: These functions can be delayed until Tier 1 and 2 functions are established but must be operational within one week.</td>
<td>72 hours to 1 week</td>
</tr>
<tr>
<td>4</td>
<td>IMPORTANT: These functions can be delayed until Tiers 1, 2, and 3 are operational. Staff members that maintain these functions may be redirected to support tier 1, 2, and 3 functions.</td>
<td>1 week to 30 days</td>
</tr>
</tbody>
</table>

Using the criteria established during the planning process and the procedures outlined in the MSDH Basic Continuity of Operations Plan, the Office of Communications has identified essential functions that are necessary to support the agency’s mission and ensure continuous services are provided to stakeholders.
The table below briefly outlines essential functions and their supporting elements identified by the Office of Communications.

Table 2: Communications Essential Functions

<table>
<thead>
<tr>
<th>Essential Function</th>
<th>Description</th>
<th>Recovery Time Objective</th>
<th>Point-of-Contact</th>
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<tbody>
<tr>
<td>Press Conference</td>
<td>Coordinate press conferences for Dr. Currier/MSDH.</td>
<td>1</td>
<td>Director of Communications</td>
</tr>
<tr>
<td>Media Briefing</td>
<td>Coordinating with the Media</td>
<td>1</td>
<td>Director of Communications</td>
</tr>
<tr>
<td>Public Information</td>
<td>Provide public with essential information in times of a public health emergency</td>
<td>1</td>
<td>Director of Communications</td>
</tr>
<tr>
<td>Web Site/MS Ready mobile app</td>
<td>Requires computer with Internet access, smart phone, and Communications network drive</td>
<td>1</td>
<td>Webmaster/Division Director</td>
</tr>
<tr>
<td>Media Calls</td>
<td>2-3 staff members communicate via phone with media to coordinate interviews</td>
<td>1</td>
<td>Special Projects Officer IV</td>
</tr>
<tr>
<td>Printing</td>
<td>Printing all MSDH public information materials</td>
<td>2</td>
<td>Graphic Artist</td>
</tr>
<tr>
<td>Graphic Arts</td>
<td>Creation and maintenance of MSDH graphic materials</td>
<td>3</td>
<td>Graphic Artist</td>
</tr>
<tr>
<td>Campaigns</td>
<td>Public information campaigns to promote the overall health of the citizens of Mississippi</td>
<td>4</td>
<td>Special Projects Officer IV</td>
</tr>
<tr>
<td>Library/Editor</td>
<td>Technical editing</td>
<td>4</td>
<td>Webmaster</td>
</tr>
<tr>
<td>Public Records Request</td>
<td>Answering and coordinating all public records requests</td>
<td>4</td>
<td>Special Projects Officer IV</td>
</tr>
</tbody>
</table>
Essential Functions Supporting Elements

Essential functions supporting elements are resources necessary to maintain the continuity of essential functions. These resources must be identified and available to support essential functions during a Continuity of Operations (COOP) event.

Critical Equipment

Critical equipment includes specific equipment required to re-establish essential functions. During the planning process, the Office of Communications identified critical resources necessary to continue their essential functions. The department does not require any specialized equipment to support their essential functions and personnel if their office is inaccessible; the Office of Communications will need telephones, computers with Internet access, and access to the Communications network drive.

The Office of Communications also identified items to be included in Go Kits to ensure rapid recovery of essential functions at an alternate location. Those items are listed in Attachment E: Go Kits.

Vital Files, Records, and Databases

Vital files, records, and databases include specific files, records, and databases required to maintain essential functions. The Office of Communications maintains an “Incident Book” which contains archived copies of all previous Mississippi State Department of Health (MSDH) media releases. The Incident Book is located in the office and a copy is saved on the Communications network drive and on USB drives.

Preservation of Records

In order to resume normal business operations following an event, critical records must be able to be recovered quickly and easily. In addition, it is the duty and often the regulated requirement of the agency to protect and produce valuable records.

Electronic files of documents stored on the network are maintained by the MSDH Health Informatics Department at the Central Office. Full backups are conducted every weekend, with incremental backups occurring every weekday. Backup tapes are picked up from the Central Office on a daily basis by the Department of Archive and History for storage. For a complete list of systems and databases used by MSDH and their protection methods, refer to the Health Informatics Department COOP Plan.

Risks and Vulnerabilities

An internal review of potential, function-based, operations-based, and facility-based risks and vulnerabilities has been conducted by the Office of Communications. Key personnel must be familiar with the risks and vulnerabilities of functions and facilities and recognize how the risks apply to the essential functions they are responsible for.
executing. Understanding how the risks may impact their ability to implement the Continuity of Operations (COOP) Plan before an event will give key personnel the opportunity to consider mitigation strategies that can be used to alleviate some or all of the risks that may be encountered.

The Office of Communications leadership personnel will use the information regarding risks to its operations and facilities and in coordination with the MSDH COOP Planning Team to formulate strategic and management decisions that will result in risk reduction or elimination. Reduction or elimination of risks to facilities or operations will also substantially reduce risk to personnel.

**Plan Maintenance**

This plan will be reviewed and updated every two (2) years. It may also be updated as a result of lessons learned through either an actual COOP event or a COOP activation exercise.

**External Contacts and Vendors**

The external call list contains the names and contact information for persons and outside vendors that may need to be contacted should the Office of Communications experience a situation that would cause a major disruption to services and where the department may have to resume operations in an alternate location. External contacts are those critical vendors that supply equipment, software, or services to the organization.

Communications is responsible for disseminating public health-related information throughout the state. Attachment B: External Contacts, lists the media outlets used by the Office of Communications to relay that information to the public.

**COORDINATING INSTRUCTIONS**

This section provides a summary of the requirements for district personnel who have significant roles and responsibilities in implementing the Continuity of Operations (COOP) Plan. The COOP Implementation Checklist (Attachment G) details the specific tasks to be assigned during the activation and relocation, continuity operations, and reconstitution phases of a COOP event.

**Responsibilities**

Before an incident occurs, the Office of Communications must make necessary preparations to relocate and continue essential functions during an event. The following table outlines the COOP responsibilities for all personnel.
## Table 3: Continuity of Operations Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Director of the Office of Communications</strong></td>
<td></td>
</tr>
</tbody>
</table>
- Designates personnel within the Office of Communications as key personnel to ensure continuous operations  
- Ensures staff designated as key personnel are aware of their status and responsibilities  
- Maintains current staff rosters for alert and notification procedures  
- Ensures information related to essential functions is up to date and accurate in the COOP Plan  
- Maintains current working knowledge of interoperable communications equipment  
- Provides training for backup personnel to maintain essential functions  
- Consults with and advises appropriate officials during implementation of the COOP Plan  
- Provides direction, guidance, and objectives during an incident for the implementation of the COOP Plan in concurrence with the COOP Activation Team  
- Identifies essential functions to be performed when any element of MSDH is relocated as part of the COOP Plan  
- Identifies those functions that can be deferred or temporarily terminated in the event the COOP Plan is implemented  
- Designates personnel to assist security officials in securing office equipment and files at the affected facility when implementing the COOP Plan  
- Coordinates with the leadership personnel for movement of key personnel to alternate locations when the COOP Plan is activated  
- Aids COOP Activation/Planning Team efforts  
- Participates in testing/training of the COOP Plan |
| **All Personnel** |  
- Maintain clear understanding of roles and responsibilities associated with the COOP Plan  
- Provide current contact information to be updated in the COOP Plan  
- Provide leadership to staff during a COOP event  
- Provide input on the execution of essential functions  
- Identify vital records and ensures those records are |
<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>backed up appropriately</td>
</tr>
<tr>
<td></td>
<td>▪ Maintain awareness of the COOP Program elements and responsibilities designated in the plan</td>
</tr>
<tr>
<td></td>
<td>▪ Maintain consistency with department guidelines regarding saving documents to the agency-shared drives</td>
</tr>
<tr>
<td></td>
<td>▪ Participate in testing/training of the COOP Plan</td>
</tr>
</tbody>
</table>
ATTACHMENTS

Attachment A: Communications Internal Contact Lists

Attachment B: External Contacts

Attachment C: Newspaper, Television, and Radio Contacts

Attachment D: Media List by District

Attachment E: Go Kits

Attachment F: Directions to Devolution Sites

Attachment G: Continuity of Operations Implementation Checklist

Attachment H: Relocation Support Procedures
## Table 4: Communications Call Tree

<table>
<thead>
<tr>
<th>Position</th>
<th>Personnel to be Notified</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Director:</strong></td>
<td>Liz Sharlot</td>
<td>601-576-8063</td>
<td>601-398-5006</td>
<td>601-992-6769</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601-942-5504 (agency iPhone)</td>
<td></td>
</tr>
<tr>
<td><strong>Director</strong></td>
<td></td>
<td></td>
<td>601-942-5504 (agency iPhone)</td>
<td></td>
</tr>
<tr>
<td><strong>Notifies:</strong></td>
<td></td>
<td></td>
<td></td>
<td>601-398-5006</td>
</tr>
<tr>
<td><strong>Division</strong></td>
<td><strong>Director:</strong> Elizabeth Grey</td>
<td>601-576-7670</td>
<td>601-408-6381</td>
<td></td>
</tr>
<tr>
<td><strong>Division</strong></td>
<td><strong>Director:</strong> Elizabeth Grey</td>
<td>601-576-7670</td>
<td>601-408-6381</td>
<td></td>
</tr>
<tr>
<td><strong>Director</strong></td>
<td><strong>Webmaster:</strong> Jim Newkirk</td>
<td>601-576-7434</td>
<td>601-983-6888</td>
<td></td>
</tr>
<tr>
<td><strong>Division</strong></td>
<td><strong>Webmaster:</strong> Jim Newkirk</td>
<td>601-576-7434</td>
<td>601-983-6888</td>
<td></td>
</tr>
<tr>
<td><strong>Director</strong></td>
<td>Doris Thomas</td>
<td>601-576-7675</td>
<td>601-613-3908</td>
<td>601-366-2754</td>
</tr>
<tr>
<td><strong>Notifies:</strong></td>
<td></td>
<td></td>
<td></td>
<td>601-366-2754</td>
</tr>
<tr>
<td><strong>Division</strong></td>
<td>Kimberly Sanders</td>
<td>601-576-7107</td>
<td>601-918-3406</td>
<td></td>
</tr>
<tr>
<td><strong>Division</strong></td>
<td>Kimberly Sanders</td>
<td>601-576-7107</td>
<td>601-918-3406</td>
<td></td>
</tr>
<tr>
<td><strong>Director</strong></td>
<td>Tammy Yates</td>
<td>601-576-7435</td>
<td>601-978-0970</td>
<td>601-919-0933</td>
</tr>
<tr>
<td><strong>Division</strong></td>
<td>Tammy Yates</td>
<td>601-576-7435</td>
<td>601-978-0970</td>
<td>601-919-0933</td>
</tr>
<tr>
<td><strong>Director</strong></td>
<td><strong>Graphic Artist:</strong> Sylvia Burnett</td>
<td>601-576-7676</td>
<td>601-940-8225</td>
<td>601-957-2823</td>
</tr>
<tr>
<td><strong>webmaster</strong></td>
<td><strong>Graphic Artist:</strong> Sylvia Burnett</td>
<td>601-576-7676</td>
<td>601-940-8225</td>
<td>601-957-2823</td>
</tr>
<tr>
<td><strong>Notifies:</strong></td>
<td></td>
<td></td>
<td></td>
<td>601-957-2823</td>
</tr>
<tr>
<td><strong>Webmaster</strong></td>
<td>Gene Hamil</td>
<td>601-576-8107</td>
<td>601-720-1457</td>
<td></td>
</tr>
<tr>
<td><strong>Graphic Artist</strong></td>
<td><strong>Graphic Artist</strong></td>
<td>601-576-8107</td>
<td>601-720-1457</td>
<td></td>
</tr>
<tr>
<td><strong>Notifies:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Graphic Artist</strong></td>
<td><strong>Graphic Artist</strong></td>
<td>601-576-7736</td>
<td>769-232-2651</td>
<td>601-925-5774</td>
</tr>
<tr>
<td><strong>Graphic Artist</strong></td>
<td><strong>Graphic Artist</strong></td>
<td>601-576-7736</td>
<td>769-232-2651</td>
<td>601-925-5774</td>
</tr>
<tr>
<td><strong>Notifies:</strong></td>
<td></td>
<td></td>
<td></td>
<td>601-925-5774</td>
</tr>
</tbody>
</table>
### Table 5: Personnel Roster

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Name</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Director:</strong></td>
<td>Liz Sharlot</td>
<td>601-576-8063</td>
<td>601-398-5006 601-942-5504 (agency iPhone)</td>
<td>601-992-6769</td>
</tr>
<tr>
<td><strong>Division Director:</strong></td>
<td>Elizabeth Grey</td>
<td>601-576-7670</td>
<td>601-408-6381</td>
<td></td>
</tr>
<tr>
<td><strong>Webmaster:</strong></td>
<td>Jim Newkirk</td>
<td>601-576-7434</td>
<td>601-983-6888</td>
<td></td>
</tr>
<tr>
<td><strong>Graphic Artist</strong></td>
<td>Sylvia Burnett</td>
<td>601-576-7676</td>
<td>601-940-8225</td>
<td>601-957-2823</td>
</tr>
<tr>
<td><strong>Special Projects Officer</strong></td>
<td>Kimberly Sanders</td>
<td>601-576-7107</td>
<td>601-918-3406</td>
<td></td>
</tr>
<tr>
<td><strong>Special Projects Officer</strong></td>
<td>Tammy Yates</td>
<td>601-576-7435</td>
<td>601-978-0970 601-919-0933</td>
<td></td>
</tr>
<tr>
<td><strong>Graphic Artist</strong></td>
<td>Cedric Washington</td>
<td>601-576-7736</td>
<td>769-232-2651 601-925-5774</td>
<td></td>
</tr>
<tr>
<td><strong>Office Manager</strong></td>
<td>Doris Thomas</td>
<td>601-576-7675</td>
<td>601-613-3908 601-366-2754</td>
<td></td>
</tr>
</tbody>
</table>
## Attachment B: External Contacts

### Communications External Contacts

<table>
<thead>
<tr>
<th>Description</th>
<th>Contact</th>
<th>Phone</th>
<th>Contact Name</th>
<th>Contact Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Relations/Ad Firm</td>
<td>Maris, West and Baker Advertising</td>
<td>601-983-2905</td>
<td>Peter Marks</td>
<td>601-214-2017</td>
<td><a href="mailto:Peter.marks@mwb.com">Peter.marks@mwb.com</a></td>
</tr>
<tr>
<td>Printer</td>
<td>Harvey Dallas</td>
<td>601-968-9354</td>
<td>Harvey Dallas</td>
<td>601-968-9354</td>
<td><a href="mailto:harvey@harveydallasprinting.com">harvey@harveydallasprinting.com</a></td>
</tr>
<tr>
<td>Association of radio and TV broadcasters</td>
<td>MS Association of Broadcasters</td>
<td>601-857-9121</td>
<td>Jackie Lett</td>
<td>601-857-9121</td>
<td><a href="mailto:jlett@msbroadcasters.org">jlett@msbroadcasters.org</a></td>
</tr>
<tr>
<td>Association of Mississippi hospitals</td>
<td>MS Hospital Association</td>
<td>601-368-3220</td>
<td>Shawn Rossi</td>
<td>601-368-3220</td>
<td><a href="mailto:rossi@mhanet.org">rossi@mhanet.org</a></td>
</tr>
<tr>
<td>Association of print media</td>
<td>MS Press Association</td>
<td>601-981-3060</td>
<td>Andrea Ross</td>
<td>601-981-3060</td>
<td><a href="mailto:bboone@mspress.org">bboone@mspress.org</a></td>
</tr>
<tr>
<td>Emergency PIOS</td>
<td>List is on the Communication Hard Drive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Memphis Market Newspaper, Television, and Radio Contacts

<table>
<thead>
<tr>
<th>Source</th>
<th>Contact</th>
<th>Phone</th>
<th>Additional Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Newspapers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memphis Business Journal</td>
<td><a href="mailto:memphis@bizjournals.com">memphis@bizjournals.com</a></td>
<td>901-523-1000</td>
<td>901-526-5240</td>
</tr>
<tr>
<td>Memphis Commercial Appeal</td>
<td><a href="mailto:Sines@commercialappeal.com">Sines@commercialappeal.com</a></td>
<td>901-529-2345</td>
<td></td>
</tr>
<tr>
<td>Memphis Daily News</td>
<td><a href="mailto:releases@memphisdailynews.com">releases@memphisdailynews.com</a></td>
<td>901-528-5270</td>
<td>901-526-5813</td>
</tr>
<tr>
<td>Memphis Flyer</td>
<td><a href="mailto:ellis@memphisflyer.com">ellis@memphisflyer.com</a></td>
<td>901-521-9000</td>
<td>901-521-0129</td>
</tr>
<tr>
<td><strong>Television</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHBQ TV 13 (FOX)</td>
<td><a href="mailto:news@myfoxmemphis.com">news@myfoxmemphis.com</a></td>
<td>901-320-1340</td>
<td>901-320-1366</td>
</tr>
<tr>
<td>WKNO TV 10 (PBS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WLMT TV 30 (CW) WPTY TV 24 (ABC)</td>
<td><a href="mailto:newsdesk@myeyewitnessnews.com">newsdesk@myeyewitnessnews.com</a></td>
<td>901-321-7668</td>
<td></td>
</tr>
<tr>
<td>WMC TV 5 (NBC)</td>
<td><a href="mailto:desk@wmctv.com">desk@wmctv.com</a></td>
<td>901-726-0416</td>
<td></td>
</tr>
<tr>
<td>WREG TV 3 (CBS)</td>
<td><a href="mailto:news@wreg.com">news@wreg.com</a></td>
<td>901-543-2111</td>
<td></td>
</tr>
<tr>
<td><strong>Radio</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WREC</td>
<td><a href="mailto:news@600wrec.com">news@600wrec.com</a></td>
<td>901-259-6467</td>
<td>901-259-6445</td>
</tr>
<tr>
<td>WKNO</td>
<td><a href="mailto:wknopi@wkno.org">wknopi@wkno.org</a></td>
<td>901-458-2521</td>
<td>901-325-6505</td>
</tr>
<tr>
<td>WMFS</td>
<td><a href="mailto:RCRESSMAN@ENTERCOM.COM">RCRESSMAN@ENTERCOM.COM</a></td>
<td>901-767-0104</td>
<td></td>
</tr>
<tr>
<td>WHRK</td>
<td><a href="mailto:devinsteel@clearchannel.com">devinsteel@clearchannel.com</a></td>
<td>901-259-1300</td>
<td></td>
</tr>
<tr>
<td>WMC</td>
<td></td>
<td>901-726-0555</td>
<td>901-272-9186</td>
</tr>
<tr>
<td>Source</td>
<td>Contact</td>
<td>Phone</td>
<td>Additional Phone</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------</td>
<td>-------------</td>
<td>------------------</td>
</tr>
<tr>
<td>WRVR</td>
<td><a href="mailto:river104@wrvr.com">river104@wrvr.com</a></td>
<td>901-767-0104</td>
<td></td>
</tr>
<tr>
<td>WGKX</td>
<td></td>
<td>901-682-1106</td>
<td>901-767-9531</td>
</tr>
<tr>
<td>WHBQ</td>
<td><a href="mailto:mail@sports56whbq.com">mail@sports56whbq.com</a></td>
<td>901-375-9324</td>
<td></td>
</tr>
<tr>
<td>WEGR</td>
<td><a href="mailto:spencer@rock103.com">spencer@rock103.com</a></td>
<td>901-259-1300</td>
<td>901-259-6449</td>
</tr>
<tr>
<td>WCRV</td>
<td><a href="mailto:wcrv@bottradionetwork.com">wcrv@bottradionetwork.com</a></td>
<td>901-763-4640</td>
<td>901-763-4920</td>
</tr>
<tr>
<td>KWAM</td>
<td><a href="mailto:news@kwam990.com">news@kwam990.com</a></td>
<td>901-261-4200</td>
<td>901-261-4210</td>
</tr>
<tr>
<td>WDIA</td>
<td><a href="mailto:bojay@am1070wdia.com">bojay@am1070wdia.com</a></td>
<td>901-259-1300</td>
<td></td>
</tr>
<tr>
<td>WTOK</td>
<td><a href="mailto:programming@wlok.com">programming@wlok.com</a></td>
<td>901-527-9565</td>
<td></td>
</tr>
<tr>
<td>WOWW</td>
<td></td>
<td>901-375-9324</td>
<td></td>
</tr>
<tr>
<td>WBBP</td>
<td><a href="mailto:wbbpradio@bbless.org">wbbpradio@bbless.org</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Media List by District

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>MEDIA NAME</th>
<th>EMAIL</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Radio Stations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>WAID, WKDJ</td>
<td></td>
<td>662-843-4091</td>
</tr>
<tr>
<td>1</td>
<td>WBLE, WHKI, WJBI</td>
<td><a href="mailto:country101radio@yahoo.com">country101radio@yahoo.com</a></td>
<td>662-563-4664</td>
</tr>
<tr>
<td>1</td>
<td>WOHT</td>
<td><a href="mailto:star92@cabeone.net">star92@cabeone.net</a></td>
<td>662-226-3133</td>
</tr>
<tr>
<td>1</td>
<td>WQMA</td>
<td><a href="mailto:jason@q1520radio.com">jason@q1520radio.com</a></td>
<td>662-326-3555</td>
</tr>
<tr>
<td>1</td>
<td>WQXB, WYKC</td>
<td><a href="mailto:b100@bellsouth.net">b100@bellsouth.net</a></td>
<td>662-226-2100</td>
</tr>
<tr>
<td>1</td>
<td>WVIM (95.3 and 97.7 The Rebel and Guess FM)</td>
<td><a href="mailto:rose.winzenried@953rebel.com">rose.winzenried@953rebel.com</a></td>
<td>901.272.0008</td>
</tr>
<tr>
<td></td>
<td><strong>Publications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Daily Star</td>
<td><a href="mailto:editor@grenadastar.com">editor@grenadastar.com</a>;</td>
<td>662-226-4321</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Countybeat@GrenadaStar.com">Countybeat@GrenadaStar.com</a></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Desoto Times Tribune</td>
<td><a href="mailto:publisher@desototimestribune.com">publisher@desototimestribune.com</a></td>
<td>662-429-6397</td>
</tr>
<tr>
<td>1</td>
<td>NM Herald</td>
<td><a href="mailto:heraldads@bellsouth.net">heraldads@bellsouth.net</a></td>
<td>662-473-1473</td>
</tr>
<tr>
<td>1</td>
<td>Panolian</td>
<td><a href="mailto:newsroom@panolian.com">newsroom@panolian.com</a></td>
<td>662-563-4591</td>
</tr>
<tr>
<td>1</td>
<td>Press Register</td>
<td><a href="mailto:publisher@pressregister.com">publisher@pressregister.com</a>;</td>
<td>662-627-2201</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:news@pressregister.com">news@pressregister.com</a></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Southern Reporter</td>
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## Continuity of Operations Plan

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## Continuity of Operations Plan

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## Continuity of Operations Plan

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<td><a href="mailto:editor@thetimeswire.com">editor@thetimeswire.com</a></td>
<td>601-268-2331</td>
</tr>
<tr>
<td>8</td>
<td>Wayne County News</td>
<td><a href="mailto:news@thewaynecountynews.com">news@thewaynecountynews.com</a></td>
<td>601-735-4341</td>
</tr>
</tbody>
</table>
## Continuity of Operations Plan

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>MEDIA NAME</th>
<th>EMAIL</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Radio Stations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>WAOY</td>
<td><a href="mailto:waoy@waoy.com">waoy@waoy.com</a></td>
<td>228-831-3020</td>
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<tr>
<td>9</td>
<td>WBSL</td>
<td><a href="mailto:ihatchettt@bellsouth.net">ihatchettt@bellsouth.net</a></td>
<td>228-467-1190</td>
</tr>
<tr>
<td>9</td>
<td>WBUV, WKNN, WMJY, WQYZ</td>
<td><a href="mailto:reggiebates@iheartmedia.com">reggiebates@iheartmedia.com</a></td>
<td>228-388-2323</td>
</tr>
<tr>
<td>9</td>
<td>WDXO, WOEIG, WRQO</td>
<td><a href="mailto:supertalk1021@yahoo.com">supertalk1021@yahoo.com</a></td>
<td>601-587-9363</td>
</tr>
<tr>
<td>9</td>
<td>WGCM</td>
<td><a href="mailto:production@coast102.com">production@coast102.com</a></td>
<td>228-896-5500</td>
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<tr>
<td>9</td>
<td>WHGO, WUJM, WXBD, WXYK, WCPR, WRPM</td>
<td><a href="mailto:wwatkins@msmediaradio.com">wwatkins@msmediaradio.com</a></td>
<td>228-388-2001</td>
</tr>
<tr>
<td>9</td>
<td>WIGG, WXAB</td>
<td><a href="mailto:wigg1420am@bellsouth.net">wigg1420am@bellsouth.net</a></td>
<td>601-928-7281</td>
</tr>
<tr>
<td>9</td>
<td>WJZD</td>
<td><a href="mailto:info@wjzd.com">info@wjzd.com</a></td>
<td>228-896-5307</td>
</tr>
<tr>
<td>9</td>
<td>WLOX</td>
<td><a href="mailto:news@wlox.com">news@wlox.com</a></td>
<td>228-896-1313</td>
</tr>
<tr>
<td>9</td>
<td>WOSM</td>
<td><a href="mailto:wosm@wosmradio.com">wosm@wosmradio.com</a></td>
<td>228-875-9031</td>
</tr>
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<td>9</td>
<td>WPMP</td>
<td><a href="mailto:info@talkradio1580.com">info@talkradio1580.com</a></td>
<td>228-762-5683</td>
</tr>
<tr>
<td>9</td>
<td>WQFX</td>
<td><a href="mailto:wqfxradio@bellsouth.net">wqfxradio@bellsouth.net</a></td>
<td>228-374-9739</td>
</tr>
<tr>
<td>9</td>
<td>WQRZ</td>
<td><a href="mailto:wqrznews@aol.com">wqrznews@aol.com</a></td>
<td>228-463-1035</td>
</tr>
<tr>
<td>9</td>
<td>WRBE</td>
<td><a href="mailto:wrbe@wrberadio.com">wrbe@wrberadio.com</a></td>
<td>601-947-8151</td>
</tr>
<tr>
<td>9</td>
<td>WRJW</td>
<td><a href="mailto:wrjw@charter.net">wrjw@charter.net</a></td>
<td>601-798-4835</td>
</tr>
<tr>
<td>9</td>
<td>WROA, WZKX</td>
<td><a href="mailto:rhodes@kicker108.com">rhodes@kicker108.com</a></td>
<td>228-896-5500</td>
</tr>
<tr>
<td>9</td>
<td>WRPM</td>
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<td>601-795-4900</td>
</tr>
<tr>
<td>9</td>
<td>WXXV</td>
<td><a href="mailto:bedwards@wxxv25.com">bedwards@wxxv25.com</a></td>
<td>228-832-2525</td>
</tr>
<tr>
<td>9</td>
<td>WZNF</td>
<td><a href="mailto:production@z95fm.com">production@z95fm.com</a></td>
<td>228-896-5500</td>
</tr>
<tr>
<td><strong>Publications</strong></td>
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</tr>
<tr>
<td>9</td>
<td>East Central/Vancleve Link News</td>
<td><a href="mailto:news@theeastcentrallink.com">news@theeastcentrallink.com</a></td>
<td>228-588-1111</td>
</tr>
<tr>
<td>9</td>
<td>George County Times</td>
<td><a href="mailto:gctimes@bellsouth.net">gctimes@bellsouth.net</a></td>
<td>601-947-2967</td>
</tr>
<tr>
<td>9</td>
<td>Keesler News</td>
<td></td>
<td>228-896-2499</td>
</tr>
<tr>
<td>9</td>
<td>Ocean Springs Gazette</td>
<td><a href="mailto:thenews@oceanspringsgazette.com">thenews@oceanspringsgazette.com</a></td>
<td>228-875-1241</td>
</tr>
<tr>
<td>9</td>
<td>Seas Coast Echo</td>
<td><a href="mailto:gbelcher@seacoastecho.com">gbelcher@seacoastecho.com</a></td>
<td>228-467-5473</td>
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<tr>
<td>9</td>
<td>South Reporter</td>
<td><a href="mailto:suewatson@dixie-net.com">suewatson@dixie-net.com</a></td>
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<tr>
<td>9</td>
<td>The Bay Press</td>
<td><a href="mailto:newsreleases@getthepress.com">newsreleases@getthepress.com</a></td>
<td>228-435-0720</td>
</tr>
<tr>
<td>9</td>
<td>The Mississippi Press</td>
<td><a href="mailto:mseditor@themississippipress.com">mseditor@themississippipress.com</a></td>
<td>228-762-1111</td>
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<tr>
<td>9</td>
<td>The Ocean Springs Record</td>
<td><a href="mailto:news@osrecord.com">news@osrecord.com</a></td>
<td>228-875-2791</td>
</tr>
<tr>
<td>9</td>
<td>The Pass Christian Gazebo Gazette</td>
<td><a href="mailto:editor@gazeboazette.com">editor@gazeboazette.com</a></td>
<td>228-363-1973</td>
</tr>
<tr>
<td>9</td>
<td>The Picayune Item</td>
<td><a href="mailto:picayuneitem@bellsouth.net">picayuneitem@bellsouth.net</a></td>
<td>601-798-4766</td>
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<tr>
<td>9</td>
<td>The Poplarville Democrat</td>
<td><a href="mailto:thedemocrat@bellsouth.net">thedemocrat@bellsouth.net</a></td>
<td>601-795-2247</td>
</tr>
<tr>
<td>9</td>
<td>The Stone County Enterprise</td>
<td><a href="mailto:editor@stonecountyenterprise.com">editor@stonecountyenterprise.com</a></td>
<td>601-928-4802</td>
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<tr>
<td>9</td>
<td>The Sun Herald</td>
<td><a href="mailto:mynews@sunherald.com">mynews@sunherald.com</a></td>
<td>228-896-2100</td>
</tr>
<tr>
<td>9</td>
<td>The Woodville Republican</td>
<td><a href="mailto:lililewis@bellsouth.net">lililewis@bellsouth.net</a></td>
<td>601-888-4293</td>
</tr>
<tr>
<td>9</td>
<td>Times of Stone County</td>
<td><a href="mailto:cupton@stonecountypublishing.com">cupton@stonecountypublishing.com</a></td>
<td>601-928-9393</td>
</tr>
</tbody>
</table>
Attachment E: Go Kits

The following table lists supplies Communications will include in personnel go kits. If relocation is necessary, Communications can use these kits to expedite the resumption of essential functions.

<table>
<thead>
<tr>
<th>Go Kit</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>COOP Plan</td>
<td></td>
</tr>
<tr>
<td>Current Internal/External Call Lists</td>
<td></td>
</tr>
<tr>
<td>Point of Contact, fax, telephone, and e-mail contacts list</td>
<td></td>
</tr>
<tr>
<td>General office supplies (small amount)</td>
<td></td>
</tr>
<tr>
<td>Office telephone contact list</td>
<td></td>
</tr>
<tr>
<td>Current equipment report</td>
<td></td>
</tr>
<tr>
<td>Current software report</td>
<td></td>
</tr>
<tr>
<td>COOP Implementation Checklist</td>
<td></td>
</tr>
<tr>
<td>Current files, risk communication messages, and database reports</td>
<td></td>
</tr>
<tr>
<td>Important database backup media/USB drive</td>
<td></td>
</tr>
</tbody>
</table>
Attachment F: Directions to Devolution Sites

Primary Location to Devolution Site 1

**Primary Location**
MSDH Central Office
Osborne Building, 1st Floor
570 East Woodrow Wilson Drive
Jackson, MS

**Devolution Site 1**
MEMA
1 MEMA Drive
Pearl, MS 39208

**Directions:**

1. Start out going west on E Woodrow Wilson Ave.
3. Merge onto I-55 S toward Meridian/McComb.
5. Take Exit 48 for MS-468/Pearl.
6. Turn right onto MS-468/S. Pearson Road.
7. Turn left onto Old Whitfield Road.
8. Follow Old Whitfield Road around to MEMA Drive.
9. Turn right onto MEMA Drive.
Primary Location to Devolution Site 2

**Primary Location**
MSDH Central Office
Osborne Building, 1st Floor
570 East Woodrow Wilson Dr.

**Devolution Site 2**
MSDH Logistics Warehouse
310 Airport Road, Suite B
Pearl, MS 39208

**Directions:**

1. Start out going west on E Woodrow Wilson Ave.
3. Merge onto I-55 S toward Meridian/McComb.
5. Take Exit 52 towards MS-475/Jackson-Evers International Airport.
6. Continue on Airport Road.
7. Turn left to warehouse/offices before the parking lot.
8. MSDH Logistics Warehouse is straight ahead.
Primary Location to Devolution Site 3

**Primary Location**
MSDH Central Office
Osborne Building, 1st Floor
570 E Woodrow Wilson Drive
Jackson, MS 39216

**Devolution Site 3**
Maris, West & Baker
18 Northtown Drive
Jackson, MS 39211

**Directions:**

1. Start out going west on E Woodrow Wilson Ave.
4. Take EXIT 102B toward Beasley Rd/Adkins Blvd.
5. Stay straight to go onto Frontage Rd.
6. Take the 1st right onto Adkins Blvd.
7. Adkins Blvd becomes Colonial Cir.
8. Turn left onto Old Canton Rd.
9. Take the 2nd right onto Norhtown Dr.
10. 18 NORTHTOWN DR is on the left.
Attachment G: Continuity of Operations Implementation Checklist

The Continuity of Operations (COOP) Implementation Checklist is a guide for key personnel to facilitate a smooth transition through activation and relocation, continuity operations, and reconstitution during a COOP event.

<table>
<thead>
<tr>
<th>Item</th>
<th>Task</th>
<th>Task Assigned To</th>
<th>Date/Time Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Conduct evacuation, if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Conduct accountability of personnel.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Contact emergency responders (fire, police, EMS).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Ensure that safety measures are put into effect.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Contact facilities manager to disconnect utilities and power to the building to limit further damage.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Direct and assist emergency personnel as required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Contact the OEPR Public Health Command/Coordination Center and key personnel for notification of the event.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Hold response meeting at pre-determined site or via phone. Utilize teleconference or satellite phones if telecommunication infrastructure is not available.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Begin tracking COOP activation related costs for possible federal reimbursement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Notify personnel of COOP activation by utilizing e-mail, staff rosters, or call down lists.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Coordinate relocation procedures with the COOP Activation Team.*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 13   | Assemble supporting elements required for re-establishing and performing essential functions at alternate location:  
  - Vital files, records, and databases  
  - Critical software  
  - Key personnel  
  - Critical equipment* |  |  |

*If relocation is necessary
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Notify external stakeholders of Continuity of Operations (COOP) activation.</td>
</tr>
<tr>
<td>15</td>
<td>Prepare designated communications and other equipment for relocation.*</td>
</tr>
<tr>
<td>16</td>
<td>Take appropriate preventive measures to protect other communications, records, and equipment that will not be relocated.*</td>
</tr>
<tr>
<td>17</td>
<td>The Office of Emergency Planning and Response (OEPR) will assign a Damage Assessment Team to survey the damage.</td>
</tr>
<tr>
<td>18</td>
<td>Ensure computer connectivity and phone line transfers to the designated alternate location.*</td>
</tr>
<tr>
<td>19</td>
<td>Ensure drive-away kits are complete and ready for transfer.</td>
</tr>
<tr>
<td>20</td>
<td>Determine which essential functions have been affected.</td>
</tr>
<tr>
<td>21</td>
<td>Prioritize essential functions for restoration.</td>
</tr>
<tr>
<td>22</td>
<td>Key personnel begin movement to the alternate location.*</td>
</tr>
<tr>
<td>23</td>
<td>OEPR and Human Resources will draft an internal message regarding activation and relocation efforts and will be disseminated throughout the agency via e-mail by Information Technology.*</td>
</tr>
<tr>
<td>24</td>
<td>Coordinate public information release regarding COOP activation with the Mississippi State Department of Health Public Information Officer.</td>
</tr>
</tbody>
</table>

**Continuity Operations**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>25</td>
<td>Program areas will conduct accountability of personnel.</td>
</tr>
<tr>
<td>26</td>
<td>Program areas will organize key personnel and account for backup personnel.</td>
</tr>
</tbody>
</table>
| 27 | Administrative actions to assemble:  
  - On-site telephone  
  - E-mail and phone directory |
| 28 | Occupy workspace:  
  - Stow equipment  
  - Restore vital files, records, and databases  
  - Test phone, fax, e-mail, and other communications  
  - Establish communications with essential support elements and office elements  
  - Communicate new location with external vendors/stakeholders |

*If relocation is necessary*
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>If needed, program areas will invoke orders of succession and delegations of authority.</td>
</tr>
<tr>
<td>30</td>
<td>Ensure that all critical equipment, critical software and vital files, records, and databases are available at alternate location.</td>
</tr>
<tr>
<td>31</td>
<td>The Continuity of Operations (COOP) Activation Team will coordinate procurement of additional equipment, as needed.</td>
</tr>
<tr>
<td>32</td>
<td>Program areas will begin processing essential functions.</td>
</tr>
<tr>
<td>33</td>
<td>The Office of Emergency Planning and Response (OEPR) and Human Resources will draft an internal message regarding continuity operations and will be disseminated throughout the agency via e-mail by Information Technology.</td>
</tr>
<tr>
<td>34</td>
<td>Coordinate public information release on the status of COOP operations with the Mississippi State Department of Health (MSDH) Public Information Officer.</td>
</tr>
<tr>
<td>35</td>
<td>Track status and restoration efforts of all essential functions.</td>
</tr>
<tr>
<td>36</td>
<td>The COOP Activation Team will begin redeployment plans for phasing down alternate location operations.</td>
</tr>
</tbody>
</table>

### Reconstitution

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>The Office of Emergency Planning and Response (OEPR) and Human Resources will draft a message to inform all personnel that the emergency, or threat of an emergency, no longer exists. Information Technology will disseminate that message via e-mail.</td>
</tr>
</tbody>
</table>
| 38 | The Continuity of Operations Activation Team will coordinate the following damage assessment task:  
- Inventory and salvage usable equipment, materials, records, and supplies from damaged facility.  
- Document any damaged or lost equipment and records.  
- Survey condition of office building and determine feasibility of salvaging, restoring, or returning to original offices when emergency subsides or is terminated. |
<p>| 39 | Develop long-term reconstitution and recovery plans. |
| 40 | Continue to track status and restoration efforts of all essential functions. |
| 41 | Conduct transition of all functions, personnel, |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>and equipment from alternate location to designated permanent facility.</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Determine loss of inventory for insurance report.</td>
</tr>
<tr>
<td>43</td>
<td>Program areas will resume all functions.</td>
</tr>
<tr>
<td>44</td>
<td>The Office of Emergency Planning and Response (OEPR) and Human Resources will draft an internal message regarding reconstitution efforts and will be disseminated throughout the agency via e-mail by Information Technology.</td>
</tr>
<tr>
<td>45</td>
<td>Coordinate public information release on the status of Continuity of Operations (COOP) reconstitution efforts with the Mississippi State Department of Health Public Information Officer.</td>
</tr>
<tr>
<td>46</td>
<td>OEPR will collaborate with the affected program area and the COOP Activation Team to conduct an after-action review of the effectiveness of the continuity plans and identify areas for improvement.</td>
</tr>
<tr>
<td>47</td>
<td>OEPR will develop a corrective action program (CAP) and remedial action plan.</td>
</tr>
</tbody>
</table>
Attachment H: Relocation Support Procedures

As the Continuity of Operations (COOP) Activation Team prepares to relocate key personnel, the relocation support procedures will provide guidance to successfully maintain essential functions at an alternate facility.

<table>
<thead>
<tr>
<th>Item</th>
<th>Task</th>
<th>Task Assigned To</th>
<th>Date/Time Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Designate a relocation manager and prepare Relocation Checklist in support of the COOP Plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Identify areas where outside support will be required in relocation operations, memoranda of understanding, vendor contacts, and other agreements as necessary to ensure site support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Assemble necessary documents and equipment required to continue essential functions at the alternate facility.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Ensure appropriate access controls are in place at the alternate location.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Order additional resources including equipment and office supplies that are not in place or readily available.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Continue essential functions at the primary location if available until the alternate facility is operational.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Support the orderly transition of all essential functions, personnel, equipment, and vital records from the primary facility to the alternate facility.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Identify those essential functions that can be delayed or postponed in the event that the COOP Plan is implemented.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Provide for the proper storage of backup copies of vital records and databases and other pre-positioned resources and assets.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Designate available staff to assist in processing arriving key personnel.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Conduct COOP Plan training for all key personnel arriving at the alternate facility.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Keep COOP Team and relocation manager informed of any site vulnerabilities or changes in site resources that may impact the effective execution of the COOP Plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Support the orderly transition of all essential functions, personnel, equipment, and vital records from the alternate facility to the primary facility.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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INTRODUCTION

Purpose

The purpose of this Mississippi State Department of Health (MSDH) Volunteer Coordination Plan is to provide policy and direction regarding coordination for use, movement, and demobilization of volunteer health professionals and other volunteers who support Essential Support Function 8 (ESF-8) health and medical responses. This plan is supported by, and aligns with:

- Department of Health and Human Services Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Regulations and Guidelines.
- ESF 8 – Health and Medical Services Annex.
- MSDH Public Health Command/Coordination Center Standard Operating Procedures.

This Volunteer Plan is also designed to inform volunteers and administrators about the ESAR-VHP web-based data system and volunteer management program. The plan explains how volunteers register and manage their contact information in the Mississippi Responder Management System and how volunteers are deployed and demobilized through the system.

Situation

MSDH follows the Incident Command System (ICS) structure. The ICS structure is used for providing the integration of coordinated responses during an emergency (see MSDH CONOPS).

Background

The ESAR-VHP program was prompted by the recognition that there was no nationally effective or efficient means of registering or credentialing emergency response healthcare personnel and that this deficiency may hamper response in an emergency. Growing attention to public health emergency preparedness and the recognized need to improve the country’s capability to respond to both natural and man-made disasters led to the passage of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, which requires the United States Department of Health and Human Services to establish and maintain a system for the advance registration of
health professionals for the purpose of verifying the credentials, licenses, accreditations, and hospital privileges of such professionals when, during public health emergencies, the professionals volunteer to provide health services.

The Federal Health Resources and Services Administration was tasked with implementing the registry and is assisting each state to establish a standardized volunteer registration system. The 2006 Pandemic and All-Hazards Preparedness Act moved the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program to the Office of the Assistant Secretary for Preparedness and Response. ESAR-VHP standards are mandated to American states and territories, enabling an enhanced national interstate and intrastate system for identifying and sharing medical professionals.

The goal of ESAR-VHP is for each state to build and maintain a registry of readily available, verifiable, and up-to-date information regarding volunteer identity, licensing, credentialing, accreditation, and privileging. The creation of the standardized state systems provides each state with the ability to quickly identify and better utilize volunteers in emergencies and disasters. This state-based approach to creating a national system with each state independently developing, maintaining, operating, and commanding its own system is dependent upon a number of core tenets including:

- Development and adherence to a common set of definitions.
- Collection and maintenance of a minimum data set.
- Commitment and assurance of interoperability.

The Mississippi State Department of Health uses an electronic registration system based on ESAR-VHP data. The electronic system referred to as the Mississippi ESAR-VHP, also known as the Mississippi Responder Management System, is the statewide system used for the registration, deployment, and demobilization of Essential Support Function 8 (ESF 8) teams, units, and volunteers. The system provides secure and verifiable information on team or unit members and volunteers’ identity and credentials ensuring accessibility 24/7/365.

ESF 8 teams, units, and volunteers are part of a statewide network of individuals (affiliated and unaffiliated with groups or organizations) who have indicated a willingness to respond to public health emergencies or healthcare events. During a declared state of emergency, this system will improve the state’s capacity to support efforts dealing with large-scale public health and medical emergencies, including, but not limited to:

- Addressing hospital surge capacity and capability needs.
- Staffing alternate care facilities.
- Staffing point of dispensing/mass dispensing sites.
- Staffing shelters and hydration centers.
• Staffing mass triage or screening sites.
• Addressing additional support requested by Mississippi State Department of Health (MSDH) Office of Emergency Planning and Response (OEPR).

Planning For Public Health Volunteers

Planning for public health volunteers uses a statewide approach to streamline complex processes of emergency response systems. Where possible, local and state partners are encouraged to strategically align and share responsibility for public health and medical volunteer coordination planning. Local and state plans which use other systems to track health volunteers should clearly identify the extent of integration with Mississippi Responder Management System (MRMS) and MSDH Volunteer Coordination.

MSDH uses the National Incident Management System (NIMS) Incident Command System as a basis for supporting, responding to, and managing response activities. Incidents are managed at the lowest possible geographic, organizational, and jurisdictional level using NIMS. In cases of a major disaster or catastrophic event, MSDH may need to make provisions to continue response operations for an extended period of time by expanding and adding job roles as needed.

This plan reflects the assumptions below:

• Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) will be integrated into public health and medical volunteer coordination plans statewide.
• The MSDH OEPR Public Health Command/Coordination Center (PHCC) will be the conduit for resource requests.
• The position of MRMS Manager will be activated in the Resource Unit under the Planning Section in the PHCC.
• Public health volunteer groups and organizations will use MRMS for registration and credential verification when possible. Individuals, groups, and organizations can register at http://signupms.org.
• The use and movement of public health volunteers across local and state jurisdictions will be primarily tracked by the requesting entity.
• While MRMS is utilized for the registration of all Essential Support Function 8 (ESF 8) teams, units, and volunteers, this plan is limited to ESF 8 volunteers and their organizations.
• Many of the logistical and legal issues regarding the use of volunteers will have been addressed prior to requesting volunteers through MRMS.
Goals

The goals of this plan are to:

- Develop a statewide approach to public health volunteer coordination which aligns with the U.S. Department of Health and Human Services Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Regulations and Guidelines.
- Pre-register healthcare professional and non-medical volunteers into a responder management system (RMS) capable of tracking volunteer information, verifying credentials, and tracking public safety and criminal justice information to ensure a qualified and safe volunteer workforce that is ready to support emergency response needs in Mississippi.
- Provide a volunteer registry system capable of electronically managing volunteer data to local and state emergency response leaders.
- Ensure effective notification, deployment, and demobilization of public health volunteers during a declared state of emergency.
- Expedite the integration of public health volunteer resources during an emergency event.
- Improve the capacity to prepare for and respond to large-scale public health and medical emergencies.
- Secure and unify local networks of Mississippi volunteer health professionals.
- Improve volunteer health professional coordination locally and across state lines.

OVERVIEW OF MISSISSIPPI RESPONDER MANAGEMENT SYSTEM

Mississippi Responder Management System Framework

Mississippi Responder Management System (MRMS) is Mississippi’s implementation of the ESAR-VHP program. The coordinator of the Mississippi State Department of Health (MSDH) ESAR-VHP and Medical Reserve Corps programs manages the MRMS program.

MRMS is a statewide volunteer RMS that allows volunteers to register for possible deployment to support an emergency response. It provides a single, statewide comprehensive registry for the recruitment, registration, vetting, and potential deployment of volunteers. By collecting, verifying, and maintaining a standard set of volunteer data, MRMS makes it easy to identify, activate, and deploy responders with the appropriate skills.

MRMS is supported by web-based software that allows MSDH to recruit, register, validate, and manage up-to-date information for individuals, with both medical and non-medical skills, who volunteer to assist in the event of an emergency.
It provides Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) compatible, Hospital Incident Command System compliant, National Incident Management System compliant, and Federal Information Processing Standards 201-1 compliant:

- Interoperable registration
- Notification
- Deployment management
- On-scene accountability
- Post-incident reporting solutions to agencies responsible for coordinating response personnel and resources in a disaster

Stakeholders include, but are not limited to: local and state volunteers, volunteer associations, and volunteer leaders (e.g., Medical Reserve Corps units), Essential Support Function 8 teams or units, and state health licensing entities.

**Mississippi Responder Management System (MRMS) System Roles**

**Administrators**

Administrators manage responder profiles, teams, or units within the system. Units are predefined collections of responders in which responders can request membership.

- **Local Unit Administrators:** MRMS volunteers are organized into units. Each unit has a Local Unit Administrator who functions as the volunteer coordinator. In the MRMS system, the Local Unit Administrators have access to volunteer data for those volunteers registered in their unit.
- **Regional Administrators:** Regional Administrators have access to multiple units that comprise their respective program or region. Local Unit Administrators agree to allow a Regional Administrator to have visual access to their unit’s volunteer data.
- **System or State Administrators:** Mississippi State Department of Health staff members are the only MRMS System Administrators (SA). SAs have access to all volunteer data within MRMS. Once approved by the Incident Commander of the Public Health Command/Coordination Center (PHCC), MRMS System Administrators working for the MRMS Manager in the Resource Unit under the Planning Chief of the PHCC will coordinate the deployment of volunteers with the PHCC Logistics Section and Regional and Local Unit Administrators.
- **Call Center Operators:** Call center operators have limited access to the system. They are useful for mass registration of responders.
Responders

A Responder is any person who could potentially respond during a disaster situation.

Mississippi Responder Management System (MRMS) can be activated after approval by the Incident Commander by:

- Public Health Command/Coordination Center (PHCC) MRMS System Administrators, through Local Unit Administrators or Regional Administrators, to deploy volunteers for local, regional, or statewide response.
- PHCC MRMS System Administrators (SA) through Local Unit Administrators or Regional Administrators to deploy volunteers to another state when another state declares an emergency and makes a formal request for volunteer assistance through the Emergency Management Assistance Compact.

The PHCC MRMS SA will use the MRMS system to create a mission. The mission description provides a consistent means of sharing information about the details related to the event. The PHCC MRMS SA defines the types and numbers of volunteers required to support the mission. These requirements can be defined very broadly in an attempt to encompass or refine a very specific skill set. Given the description of a mission and its staffing requirements, the PHCC MRMS SA is able to identify potential units or volunteers for the mission response.

**24/7/365 Availability:**

When volunteers are needed to support an emergency response, a Local Unit Administrator, once approved by the Deputy Incident Commander, will coordinate with the PHCC MRMS SA to deploy volunteers locally using the system. If a local jurisdiction needs volunteers and cannot meet the need with local volunteers, the local emergency management agency can request MRMS volunteers by contacting the Mississippi Emergency Management Agency (MEMA). MEMA will notify the Mississippi State Department of Health PHCC of the request for volunteers. See Section III.J, Legal Considerations, for information on the various liability protections that may exist depending upon what entity deploys the volunteer into service.

**Target Volunteer Audience**

Medical and non-medical volunteers are invited to register in the MRMS system.

**Medical Volunteers**

The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program has identified the following priority healthcare professions (found within the ESAR-VHP Guidelines) to be included in MRMS:
Physicians (Allopathic and Osteopathic)
Registered Nurses
Advanced Practice Registered Nurses including Nurse Practitioners
Certified Nurse Anesthetists
Certified Nurse Midwives
Clinical Nurse Specialists
Pharmacists
Psychologists
Clinical Social Workers
Mental Health Counselors
Radiologic Technologists and Technicians
Respiratory Therapists
Medical and Clinical Laboratory Technologists
Medical and Clinical Laboratory Technicians
Licensed Practical Nurses and Licensed Vocational Nurses
Dentists
Marriage and Family Therapists
Physician Assistants
Veterinarians
Cardiovascular Technologists and Technicians
Diagnostic Medical Sonographers
Emergency Medical Technicians and Paramedics
Medical Records and Health Information Technicians

Medical staff can be recruited from the following sources to include, but not be limited to:

- Mississippi State Department of Health
- Mississippi Department of Mental Health
- Junior and Community Colleges
- Emergency Medical Services
- Medical Reserve Corps
- Hospitals
- Long Term Care Facilities
- Home Health Agencies
- Hospice Agencies
- Assisted Living Centers
- American Red Cross
- Mississippi Department of Human Services
- Institutions of Higher Learning
- Other organizations that employ medical staff
Non-Medical Volunteers

Non-medical volunteers from the following occupational groups are encouraged to register with Mississippi Responder Management System:

- Administration/Management
- Agriculture
- Armed Forces/Military
- Automotive
- Aviation
- Banking/Finance
- Communications (Amateur Radio)
- Construction
- Education
- Electrical
- Engineering
- Facility Support or Management
- Fire Service
- Food Services
- Government Services
- Healthcare Administration/Support
- Hotel/Guest Services
- Interpretive Services (foreign languages, American Sign Language)
- Insurance
- Law Enforcement
- Mechanical
- Manufacturing
- Mortuary Services
- News Media/Advertising/Public Relations
- Plumbing
- Publications
- Restaurants/Catering
- Retired (please list former occupation)
- Sales – Retail or Wholesale
- Science (life)
- Science/Research
- Student Transportation (ground, including bus driver, taxi.)
- Transportation/Distribution (including truck driver, etc…)
- Warehouse Services/Support
Volunteer Registration Data

Registration is based on Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) data definitions and complements state registration requirements defined in the Terms of Service Agreement.

Registration adheres to the protocol developed by the United States Federal Government, identifying volunteers who respond “Yes” to federal participation and can accommodate additional federal data collection requirements (training data, physical and mental status survey, and Office of Inspector General exclusion list screening). Upon initial registration and verification or re-verification of credentials, volunteers are queried regarding their willingness to participate in a federal emergency response. The electronic registry also ensures the ability to:

- Update volunteer information and re-verify credential data every six months.
- Generate data files in a secure format that can be read and used by authorities managing volunteers.
- Maintain system security and redundancy.

To view and query registration data, system administrators must log on to the program website (http://signupms.org) using their secure username and password. System administrative access is managed by the Planning Section of the Mississippi State Department of Health (MSDH) Office of Emergency Planning and Response. The following are key points regarding volunteer registration data:

- MSDH offers a 24/7/365 web-based registration system accessible to volunteers. Volunteers can register, access, and update their registration data by visiting the Mississippi Responder Management System (MRMS) website (http://signupms.org).
- Volunteer registration data are strictly confidential and “For Official Use Only”. Information sharing between MRMS, Medical Reserve Corps units, and local authorities will be managed by MSDH and follow appropriate policies and procedures.

Some key highlights and references include:

- **Security**: Identifying security technologies, policies, and standards necessary to protect the information access of the state and to ensure isolation and confidentiality of information, integrity of data, and availability of information technology resources to the state’s workforce and citizens as appropriate.
- **P800-S810 Rev 2.0**: Account management, Attachment A, non-disclosure, and agreement for access to sensitive information.
- **P800-S855 Rev 2.0**: Incident response and reporting, Attachment A, and incident response report.
- P800-S870 Rev 1.0: Backup
- P800-S890 Rev 2.0: Personnel security.
- Data/Information: Defining policies and standards for organization of information related to citizens, locations, and objects the state must collect, store, maintain, and access.
- P740 Rev 1.0: Data/information architecture.
- P740-S740 Rev 2.0: Data modeling.
- P740-S742 Rev 2.0: Accessing databases.

During an emergency, the Public Health Command/Coordination Center and the Mississippi State Department of Health Volunteer Manager will:

- Monitor volunteer data transfers to ensure information is collected, assembled, maintained, and used in a manner consistent with all federal, state, and local laws governing security and confidentiality.
- Provide operational guidance and technical assistance on data use (as needed).

**New Volunteers**

The first step in becoming a Mississippi Responder Management System (MRMS) volunteer is to register in the MRMS system. New volunteers should go to [http://signupms.org](http://signupms.org) and begin the registration process.

**Terms of Service**

Each individual registering with the MRMS is required to read and accept the Terms of Service on the MRMS website ([http://signupms.org](http://signupms.org)). By accepting the Terms and Conditions, volunteers agree that they are solely responsible for the information provided on the application. Volunteers agree to provide complete, accurate, and non-misleading information in all areas of the MRMS website and to update their information as needed in order to maintain up-to-date records. Volunteers may update information on their MRMS profile at any time using the MRMS website.

A copy of the Terms of Service is located in Appendix A of this plan.

**Privacy Policy**

Each individual registering with MRMS is required to read and understand the Privacy Policy on the MRMS website ([http://signupms.org](http://signupms.org)). A copy of the Privacy Policy is located in Appendix B of this plan.
Acknowledgements

Each individual registering with Mississippi Responder Management System (MRMS) is required to complete all of the four acknowledgements, which include:

- Agreeing to the Terms of Service and reading and understanding the Privacy Policy.
- Pledging to provide only correct information when completing registration.
- Certifying that all statements made are true, complete, and correct.
- Authorizing Mississippi State Department of Health (MSDH) to research and copy records such as educational, professional, judicial, military, motor vehicle, and other relevant documents.

Completion

When a volunteer has accepted the Terms of Service and completed the registration information portion of the volunteer application, the MRMS system will automatically send an email confirmation to each approved volunteer welcoming him or her to MRMS. Once this occurs, the volunteer is officially registered in MRMS as a “pending” volunteer and will have a profile. Volunteers may access their profiles online using the username and password created by the volunteer during the registration process.

Pending volunteer applications will be reviewed and evaluated by the respective Local Unit Administrator, who will accept or reject that volunteer based upon membership criteria established by that unit. The volunteer will receive an email confirmation once they have been accepted or rejected by the Local Unit Administrator. Being rejected does not mean the volunteer is rejected from MRMS. Volunteers that are rejected by a Local Unit Administrator because the volunteer does not meet the membership criteria of that unit may be reassigned to the appropriate MSDH District Office Unit closest to the volunteer’s location.

CRIMINAL RECORD HISTORY AND INFORMATION

Purpose

The MRMS Terms of Service Agreement located in Appendix A, addresses eligibility of applicants and the continued participation of enrolled volunteers who have a criminal history. Because MRMS volunteers represent the state in serving its citizens, volunteers must merit the highest degree of public trust and confidence. This policy allows MSDH to effectively discharge its responsibility to maintain public health and safety. Volunteers wishing to be officially registered with MRMS must acknowledge that they authorize MSDH to research and copy their judicial records.
**Scope**

Mississippi Responder Management System (MRMS) policy on criminal history notices includes summons, arrests, and convictions relating to felonies, misdemeanors, and activities involving moral turpitude or which may relate to volunteer enrollment. For purposes of this policy, a conviction includes a judgment of guilt, a plea of nolo contendere, or a plea of guilty.

**Self-Reporting Requirements**

Upon making application to MRMS, applicants must report any current or prior summons, arrest, pending charge, or conviction of the following:

- Any felony
- Any misdemeanor or summary conviction

Applicants who report summons, arrests, pending charges, or convictions for any crime may be disqualified from enrolling in the MRMS. Enrolled volunteers must report any arrest, pending charge, or conviction to the MRMS administrator within 30 days of the occurrence. Self-reporting of summons, arrests, pending charges, and convictions is a mandatory requirement for the lifetime of a volunteer’s enrollment with MRMS.

The MRMS System Administrator (SA) will immediately disqualify any applicant or enrollee who fails to report a prior summons, arrest, or conviction when application is made to MRMS, or a new summons, arrest, charge, or conviction within 30 days of its occurrence.

**Background Checks**

Background checks will be performed at the time of enrollment. A background check will be performed subsequent to enrollment on those volunteers who were enrolled prior to the implementation of background checks. Summons, arrests, pending charges, or convictions may cause an applicant or enrolled volunteer to be disqualified from enrolling or continuing to be enrolled in MRMS.

A notice or criminal history information received through valid means may cause the MRMS SA to place an enrolled volunteer in inactive status pending further review by the MRMS SA and may ultimately result in the volunteer’s disqualification from enrollment.

The Mississippi State Department of Health works with the Department of Homeland Security Fusion Center to perform background checks on MRMS applicants as needed.
Informal Review

The Mississippi Responder Management System (MRMS) System Administrator (SA) will inform a volunteer’s Local Unit Administrator(s) for their affiliated unit(s) when their registration is deactivated or terminated as a result of information received.

The MRMS SA will implement an informal review process to review summons, arrests, and convictions that are self-reported or are brought to the attention of MRMS through background checks, or other means to determine if an applicant is qualified to enroll or an enrolled volunteer is qualified to continue to participate in MRMS. The review will occur on a regular basis, but frequency is at the discretion of the Office of Emergency Planning and Response (OEPR) Planning Chief. The applicant or volunteer may be given one opportunity to provide written evidence of any of the following for consideration:

- Expungements, restorations of rights, or pardons of a criterion offense.
- Favorable disposition of any charge that resulted in deactivation or denial of enrollment.
- Any misinformation or mistake that resulted in deactivation, denial of, or disqualification from enrollment.
- Evidence of post-conviction employment or volunteer activities or other evidence of rehabilitation which serves to demonstrate qualification for MRMS enrollment.

Once the written evidence is presented, the MRMS SA will present their recommendation to the OEPR Planning Chief for consideration. If any question exists in the determination, the Planning Chief will present the information to the Director of OEPR who will consult with agency legal staff.

Notification of Deactivation of MRMS Registration

If a volunteer’s registration within MRMS is deactivated as a result of the background check, the following will occur:

- An email will be sent directly to the volunteer as a notification that the MRMS account has been deactivated as a direct result of the background check. It will contain instructions on how the volunteer may submit additional written material within 30 days to the MRMS SA for consideration of re-activation. No information will be provided to the volunteer regarding the results of the background check. If the volunteer requires further information, the volunteer must initiate their own background check.
- An email will be sent to the respective Local Unit Administrator(s) as a notification that a volunteer’s MRMS account has been deactivated. No further information will be provided by the Mississippi State Department of Health (MSDH) to any Local Unit Administrator. Any further questions should be directed to the volunteer.
• If additional written material is not received by the Mississippi Responder Management System (MRMS) System Administrator from the volunteer within 30 days of deactivation, the volunteer’s MRMS account will automatically be closed with no further notification being emailed to either the volunteer or the Local Unit Administrator(s).

Code of Conduct

All Mississippi Responder Management System (MRMS) volunteers, in delivering emergency volunteer services and in all other MRMS activities, agree to and meet the standards of conduct identified in the Terms of Service located in Appendix A.

Mississippi State Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Credential Levels

The ESAR-VHP program has developed a uniformed process for classifying and assigning volunteers into one of four credential levels based on the credential provided and verified. The process is designed to make the most effective use of volunteer health professionals with varying levels of clinical competency.

Level 1: Health professional volunteers who work in a hospital, either as an employee or by having hospital privileges.

Level 2: Health professional volunteers who work in a wide variety of non-hospital settings, such as clinics and nursing homes.

Level 3: Health professional volunteers who hold a license to practice in Mississippi.

Level 4: Volunteers who have healthcare experience or education that would be useful for assisting clinicians and providing basic healthcare not controlled by the scope of practice laws (may include health professions students or retired health professionals who no longer hold a license).

In order to assign healthcare volunteers to a credential Level 1, 2, or 3, the MSDH will contact the volunteer’s employer using the information the volunteer supplies when they register in MRMS or through electronic means in accordance with Memoranda of Understanding with the state health licensing entities.
System Capabilities

System capabilities align with Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Federal Regulations and Guidelines ensuring public health volunteer coordination is consistent among state programs during an emergency event. The Mississippi State Department of Health (MSDH) State Volunteer Manager is responsible for system administration, monitoring, and maintenance through the following MSDH website: http://signupms.org.

Note: Redundant measures are maintained to support system capabilities during a power outage or website failure following business continuity protocols set forth by the MSDH. Redundant storage capabilities are provided through remote servers that are hosted and managed by the ESAR-VHP vendor.

Sentinel indicators that may strain or exceed ordinary capabilities include high impact events such as:

- Widespread biological or chemical attack.
- Severe and wide-spread natural disaster.
- Severe nuclear emergency (i.e., Grand Gulf Nuclear Station reactor disaster).
- Emergency needs that exceed the total available population of Mississippi health professionals.

The MSDH Office of Emergency Planning and Response (OEPR) Volunteer Manager will monitor system capabilities during emergency events.

Reporting Capabilities

The following federal partners routinely request reports on system performance and program capabilities:

- Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program.
- Center for Disease Control Public Health Emergency Preparedness Program.
- ASPR ESAR-VHP Program.

Reporting is managed by OEPR and integrated into the annual program reporting cycles in accordance with each program’s specification. This electronic system can generate reports to ensure prompt fulfillment of federal requests for information. During an emergency, federal partners may request additional updates or reports sent via email or phone to the Department of Health and Human Services Regional Emergency Coordinator assigned as Federal Essential Support Function 8 Liaison.
Securing the link between day to day program activities and emergency event communications, Mississippi State Department of Health (MSDH) will coordinate with the Public Health Command/Coordination Center (PHCC) during an emergency to help communicate and fulfill necessary reports as requested. To prepare for situational reporting as requested by federal partners during an emergency, the PHCC Planning Chief will monitor emergency event activity through the Volunteer Manager in the Resource Unit and collect data on:

- The current number of enrolled volunteers by profession and credential level.
- Program capabilities.
- The ability to verify credentials and assign credential levels.
- The ability to fulfill requests within operational timeframes.
- Volunteer use and movement.

CONCEPT OF OPERATIONS

Recruitment, Retention, and Evaluation

Volunteer Recruitment Strategies

Suggestions for recruiting additional unit volunteers include the following:

- Identify and contact community leaders or groups and provide information on the Mississippi Responder Management System (MRMS) program.

Volunteer Retention Strategies

Suggestions for retaining unit volunteers include the following:

- Communications – When volunteers are first recruited, let them know how often they will be contacted via email or telephone. To keep volunteers informed, periodic communications should be forwarded to them to include such items as emergency preparedness tips/strategies, as well as current news regarding any public health emergency.

- Trainings, Exercises, and Community Involvement – Research opportunities for volunteers to participate in trainings, exercises, or other community activities to continually engage unit volunteers.

Program Evaluation

Suggestions for evaluating the MRMS program include the following:

- Solicit and encourage volunteer feedback and suggestions on an on-going basis.

- Conduct and document after action reviews of all trainings, exercises, and actual deployments. Deployment evaluations should include, but not be limited to,
whether job assignments were appropriate for volunteers, whether more staff or volunteers were needed, or whether staff or volunteers require more training.

- Conduct periodic reviews of recruitment and retention strategies to assess current strategies and validate their success towards meeting the program’s goals.

Training and Exercise

Trainings and exercises assist volunteers to be ready to respond to a disaster. The Volunteer Coordinator will coordinate with the Office of Emergency Planning and Response Exercise Coordinator to provide opportunities to participate in trainings and exercises throughout the year.

The following courses are strongly recommended for all registered volunteers, including Local Unit Administrators and Regional Administrators, and are available online at http://training.fema.gov:

- **Independent Study (IS) 100, Introduction to the Incident Command System (ICS)** – This course introduces ICS and provides the foundation for higher ICS training. It describes the history, features, principles, and organizational structure of the ICS. It also explains the relationship between ICS and the National Incident Management System (NIMS).

- **IS 700, NIMS, An Introduction** – This course explains the purpose, principles, key components, and benefits of NIMS. The course also contains "Planning Activity" screens offering opportunities to complete some planning tasks during this course.

Agency leaders will provide training opportunities to volunteers and staff, keep current volunteer training records, and ensure that all volunteers complete required training to maintain their occupational certifications and enhance their skills. Training options include, but are not limited to:

- **Just-in-Time training (JIT)** - Trains volunteers on specific tasks and duties required within the roles assigned to them during an emergency and to supplement periodic training and exercises that were offered previously. JIT training resources include job action sheets, required forms, communications equipment, frequently asked questions sheets, and job aids.

- **Operational Drills** - Participation in at least one drill per year is highly recommended for all administrators. The purpose of the Operational Drill is to evaluate the use of the Mississippi Responder Management System (MRMS) system by MRMS Local Unit and Regional Administrators.

- **Call-Down Drills** - Offered each year. Participation in these drills is highly recommended for all administrators. The purpose of the Call-Down Drill is to evaluate the use of the MRMS system by MRMS Local Unit and Regional Administrators and to require all registered volunteers to access the MRMS
registry to update their individual accounts in the Mississippi Responder Management System (MRMS) system and to confirm the volunteer’s commitment to continue participation in the MRMS program.

The Volunteer Coordinator will keep all Local Unit Administrators informed and involved by providing volunteer training opportunities and emergency preparedness tips/strategies.

Each Local Unit Administrator should forward the training opportunities and tips/strategies provided by the Volunteer Coordinator to all registered volunteers within their respective units.

Protocols for Requesting Public Health Volunteers

Intrastate requests for public health volunteers may be made when an event has exceeded a local jurisdiction’s ability to adequately provide public health services or health care systems have become overwhelmed. The county emergency management agency will contact the Mississippi Emergency Management Agency (MEMA) to request volunteer resources.

- All interstate and federal requests for health volunteers must go through the state Emergency Management Assistance Compact Coordinator.

Note: When possible and affordable and prior to committing full resources out of state, support efforts may warrant the use of a preliminary assessment group of Mississippi health professionals/subject matter experts to ensure the most appropriate resources are requested. (See Table 1: Operational Timeframes).

<table>
<thead>
<tr>
<th>Table 1: Operational Timeframes</th>
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<tbody>
<tr>
<td><strong>Operation upon receipt of request:</strong></td>
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<tr>
<td>Query the system and generate a potential list of volunteers to contact</td>
</tr>
<tr>
<td>Contact potential volunteers and provide the requester with an initial list of willing volunteers</td>
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<tr>
<td>Provide the requester with a verified list of available volunteers</td>
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</table>

Protocols for requesting public health volunteers follow the MEMA State Emergency Operations Center Standard Operating Procedures (SOP) for public health resource requests and ensure 24 hour/7 days-a-week accessibility to the MRMS system (through the Mississippi State Department of Emergency Response SOPs). MEMA utilizes WebEOC for control, verification, and coordination of all public health requests.
Intrastate Event:

Local and state partners are encouraged to use the Volunteer Request Template (see Appendix F) when submitting requests for health volunteers.

Use of the Volunteer Request Template

The Volunteer Request Template (see Appendix F) is used to help expedite requests for public health volunteers. The template is the recommended resource intended to:

- Identify the requesting agency and emergency event reference.
- List contact information and location of the receiving entity.
- Select desired health professions, number, and quality of resources, in addition to communicating additional request needs.

The completed request template is submitted to the Mississippi State Department of Health (MSDH) Public Health Command/Coordination Center Planning Chief for processing through the Volunteer Manager under the Resource Unit. When possible, submission should include a summary of Logistic Considerations for Requesting Entities (see Appendix G).

Once received or completed, this information will be added to event records by the MSDH Volunteer Manager:

- Summary of request details (see Appendix F).
- Summary of logistic considerations for requesting entities (see Appendix G).

Mississippi State Department of Health Internal Activation of Mississippi Responder Management System

System and personnel internal activation may be called upon to support the following activities:

- Coordinating incoming/outgoing health volunteers (intrastate/interstate and federal).
- Filling requests for health volunteers.
- Bridging health volunteer resources/partners.
- Credential verification.
- Situational awareness - tracking and monitoring health volunteer use and movement.
- Technical assistance/resources for local volunteer coordination.
Activation will depend on public health emergency events (intrastate, interstate, or federal). The following entities can initiate activation:

- The Governor of the state of Mississippi
- State Health Officer
- Director of Health Protection

Requests for activation follow notification sequences defined in the Mississippi State Department of Health (MSDH) Concept of Operations Plan. MSDH can ensure a readiness to receive requests within three hours of initial activation. Mississippi Responder Management System (MRMS) activation aligns with the MSDH Public Health Command/Coordination Center (PHCC) Standard Operating Procedures and includes protocol and procedures for:

- Activation authority
- Activation triggers
- Levels of activation

The MSDH PHCC Volunteer Manager is alerted and activated by the PHCC Logistics Section and is assigned to the Resource Unit under the Planning Section. Typically, this position is staffed by the MSDH Volunteer Coordinator or alternate (see MSDH Concept of Operations Plan) for Job Action Sheets or Appendix C: State Volunteer Manager Position Description).

Upon arrival, the following items should be on hand to assist with initial system activation:

- MSDH staff badge/identification
- MSDH Volunteer Coordination Plan
- Database access information (web-links, usernames, and passwords)
- Cell phone/email

**Preparing for Requests**

The following activities are conducted by the MSDH Volunteer Manager in preparation for receipt of volunteer requests during an emergency:

- Setup a workstation and establish access to database information (internet, MSDH outlook email, and public health portal) – additional materials may include office supplies, notebook/log, flash drive, poster paper, and program contact lists.
- Log in to the MRMS database (http://signupms.org).
- Contribute updated information to the MSDH Situation Report for inclusion in the WebEOC.
- Conduct system maintenance and update pending verifications as needed.
• Conduct initial system query and pre-identify potential volunteers and their primary affiliations (update volunteer affiliation directory as needed).
• Report preparation activities and status updates (in addition to situational reporting, keep an activity log to brief the incoming coordinator during operational shift changes as needed).
• Keep aware of meetings, briefings, objectives, tactics, and situation status.
• If applicable, send preliminary alert/stand-by notifications to local health volunteer coordinators (establish early communication).
• Provide technical support to potential requesting entities regarding the volunteer request process (see Appendix F and Appendix G).
• Identify and monitor triggers for request (e.g., local jurisdictions have activated their volunteer unit reserves; local jurisdictions have exhausted volunteer resources and requested support from neighboring jurisdictions).
• Gather up-to-date information on statewide volunteer units available and willing to serve in a state and federal response.
• Prepare volunteer alert/notification resources for potential use as needed.
• As needed, work with the Public Health Command/Coordination Center (PHCC) to establish advanced communication with the system vendor/technical assistance provider for additional stand-by support.
• Participate in State Emergency Operations Center volunteer coordination team activities as requested.

Operational Protocols

Operational protocols are based on Federal Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) operational requirements (see Table 1 Operational Timeframes) and align with the Mississippi State Department of Health PHCC Standard Operating Procedures.

Essential operations include:

• Facilitating activation and deployment of public health volunteers through the Mississippi Responder Management System.
• Tracking and monitoring volunteers.
• Integrating volunteer management systems.

Fulfilling Requests for Volunteers

Volunteers are typically requested using terms or titles consistent with ESAR-VHP guidelines referencing profession and credential type (see Appendix D for a list of the priority professions listed within the database, and see Section II.B for reference on credential level definitions). The following protocols are established to help support requests for volunteers received by the PHCC:
• Document date and time when the official request for volunteers was received by
  the Mississippi State Department of Health (MSDH) Public Health
  Command/Coordination Center (PHCC).
• Identify potential resources that may be mobilized prior to MRMS activation (e.g.,
  neighboring Medical Reserve Corps units willing to support or partner volunteer
  organizations willing to assist).
• Help link or bridge local resources (if applicable).
• Establish early communication with the requesting entity.
• Review forms completed by the requesting entity (see Appendix F and Appendix
  G) and document responses.
• Query the system within two hours of request and generate a potential list of
  volunteers to contact – based on variables as defined by the requestor (submit
  list to the PHCC).
• Provide regular updates to the PHCC on the status of completing the request.
• Send alert/notification to volunteers.
• Monitor alert/notification activities and determine progress towards generating a
  list of willing volunteers; work with the PHCC to initiate additional strategies as
  needed (e.g., re-send notification, query additional volunteers).
• Submit list of willing volunteers to the PHCC within 12 hours of the initial request
  (note: the electronic system pre-identifies willing volunteers based on their
  deployment preferences and service parameters).
• Ensure credential verification is up-to-date for volunteers willing to participate.
• Monitor volunteer correspondence via MRMS internal messages and call center
  to identify and address relevant technical assistance issues or calls for technical
  support (e.g., website login support).
• As needed/available/relevant, post situation updates and resource information in
  the “event portal” (e.g., situation overview, pre-deployment checklist, and just-in-
  time training information).
• Submit a list of verified volunteers available for service (within 24 hours of initial
  request) to the requesting entity.
• Submit report of task completion (in addition to situational reporting, maintain an
  activity log to brief the incoming coordinator during operational shift changes, as
  needed).
• Continue monitoring request triggers and developing circumstances that may call
  for additional volunteer support/requests.
• Maintain a history of volunteer deployments in event documentation and
  situational reporting.
Requests from Other States

Steps needed to respond to request for health volunteers received from another state:

**Step 1:** Identify the declared emergency issued by the requesting state.

**Step 2:** The requesting state sends Emergency Mutual Aid Compact (EMAC) REQ-A Section 1 to Mississippi Emergency Management Agency (MEMA) EMAC desk or EMAC–A team with details of the needed mission assignment and resources needed. MEMA will send an official request to the Mississippi State Department of Health (MSDH) Public Health Command/Coordination Center (PHCC) for consideration and completion of REQ-A Section II. The completion of Section II must be coordinated with the Logistics and Finance Sections and approved by the PHCC Incident Commander prior to submission to the MEMA EMAC desk.

State to state Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) preliminary coordination may occur as a means to establish early communication and identify program points of contact. Requests received by the MSDH Volunteer Manager from other states will be forwarded to the Essential Support Function 8 Emergency Coordinating Officer at the State Emergency Operations Center for forwarding to the MEMA Emergency EMAC Desk or EMAC A-Team. EMAC is a state to state agreement that is coordinated through state emergency management agencies.

**Step 3:** The Planning Chief will validate the request for public health volunteers and work with the Volunteer Manager to develop the details of resources available and estimated costs.

**Step 4:** The Resource Unit receives the request specifying the type and number of public health volunteers requested, final destination, duration of time, local staging area point of contact, and requesting the state ESAR-VHP point of contact.

**Step 5:** The Volunteer Manager works with the Mississippi Responder Management System (MRMS) system administrator to create the mission request in MRMS.

**Step 6:** Activate MRMS and follow protocols for fulfilling request for volunteers.

**Step 7:** Query the system based on specification of the requesting entity, identify potential volunteers (including any relevant primary affiliations), and verify a willingness and availability to serve.
Step 8: Identify staging areas both locally and from the requesting state (i.e., volunteer staging area or duty post contact information).

Step 9: Compile and send a list of public health volunteers to the Public Health Command/Coordination Center (PHCC) and complete REQ-A Section II in coordination with the Logistics and Finance Sections.

Step 10: Once the REQ-A Section II is approved by the PHCC Incident Commander, it will be forwarded to the Mississippi Emergency Management Agency (MEMA) Emergency Mutual Aid Compact (EMAC) desk or A-team. Section II becomes the “offer” from Mississippi to the requesting state. If the requesting state accepts Mississippi’s “offer” they will return REQ-A Section III which creates a legally binding agreement between the two states. This approval will be communicated from MEMA EMAC desk or EMAC A-team.

Step 11: Establish early contact with the requesting state’s Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Coordinator and relevant primary affiliations for selected volunteers.

Step 12: Establish and integrate volunteer tracking and monitoring systems among the requesting states ESAR-VHP program.

Step 13: The PHCC Logistics Section coordinates logistics and transportation of public health volunteers as needed for EMAC resources deployment.

Step 14: The Volunteer Manager will coordinate with local and/or regional Mississippi Responder Management System administrators and the PHCC Logistics Section to activate volunteers and provide them with deployment orders and information (i.e., location of staging area to report for pre-deployment training).

Step 15: Maintain a record of the emergency event, volunteer’s tracking information, and deployment history.

Step 16: Coordinate with the receiving state’s ESAR-VHP Coordinator to monitor and validate the return of Mississippi volunteers following demobilization.

Note: If out-of-state ESAR-VHP volunteers are requested for Mississippi, the Mississippi State Department of Health Volunteer Coordinator will ensure any personal information collected will be destroyed within 90 days after it is no longer needed.
Requests from the Federal Government

Steps needed to respond to requests for health volunteers received from the federal government:

**Step 1**: Identify the declared emergency issued by the federal government.

**Step 2**: Federal requests are made through Emergency Mutual Aid Compact (EMAC) REQ-A Section 1 to Mississippi Emergency Management Agency (MEMA) EMAC desk or EMAC–A team with details of the needed mission assignment and resources needed. MEMA will send an official request to the Mississippi State Department of Health (MSDH) Public Health Command/Coordination Center (PHCC) for consideration and completion of REQ-A Section II. The completion of Section II must be coordinated with the Logistics and Finance Sections and approved by the Public Health Command/Coordination Center Incident Commander prior to submission to the MEMA EMAC desk.

Federal to state Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) preliminary coordination may occur as a means to establish early communication and identify program points of contact. Requests received by the MSDH Volunteer Coordinator from other states will be forwarded to the Essential Support Function 8 Emergency Coordinating Officer at the State Emergency Operations Center for forwarding to the MEMA EMAC desk or EMAC A-team. EMAC is a state to state agreement that is coordinated through state emergency management agencies.

**Step 3**: The Planning Chief will validate the request for public health volunteers and work with the Volunteer Manager to develop the details of resources available and estimated costs.

**Step 4**: The Resource Unit receives the request specifying the type and number of public health volunteers requested, final destination, duration of time, local staging area point of contact, and requesting state ESAR-VHP point of contact.

**Step 5**: The Volunteer Manager works with the Mississippi Responder Management System (MRMS) system administrator to create the mission request in MRMS.

**Step 6**: Activate MRMS for fulfilling requests for volunteers (only querying individuals who have agreed to participate in responses led by the federal government).

**Step 7**: Query the system based on specification of the requesting entity, identify potential volunteers (including any relevant primary affiliations), and verify a willingness and availability to serve.

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Step 8: Identify staging areas both locally and from the requesting state (i.e., volunteer staging area or duty post contact information).

Step 9: Compile and send a list of public health volunteers to the Public Health Command/Coordination Center (PHCC) and complete REQ-A Section II in coordination with the Logistics and Finance Sections.

Step 10: Once the REQ-A Section II is approved by the PHCC Incident Commander it will be forwarded to the Mississippi Emergency Management Agency (MEMA) Emergency Mutual Aid Compact (EMAC) desk or A-team. Section II becomes the “offer” from Mississippi to the requesting state. If the requesting state accepts Mississippi’s “offer” they will return REQ-A Section III which creates a legally binding agreement between the two states. This approval will be communicated from the MEMA EMAC desk or EMAC A-team.

Step 11: Establish early contact with the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) team leader, the requesting state’s ESAR-VHP Coordinator, and relevant primary affiliations for selected volunteers.

Step 12: Establish and integrate volunteer tracking and monitoring systems among the requesting federal entity and the receiving state’s ESAR-VHP Coordinator.

Step 13: The PHCC Logistics Section coordinates initial logistics and transportation of public health volunteers as needed for EMAC resources/Federal Emergency Management Agency (FEMA) deployment.

Step 14: The Volunteer Manager will coordinate with local and/or regional Mississippi Responder Management System (MRMS) administrators and the PHCC Logistics Section to activate volunteers and provide them with deployment orders and information. (i.e. location of staging area to report for pre-deployment training).

Step 15: Maintain a record of the emergency event, volunteer tracking information, and deployment history.

Step 16: Coordinate with the receiving state’s ESAR-VHP Coordinator to monitor and validate the return of Mississippi volunteers following demobilization.
DEPLOYMENT

Volunteer deployment protocols are established in partnership among the requesting local and state emergency management agencies. The Mississippi State Department of Health (MSDH) deploys volunteers when requested by local emergency management and approved by Mississippi Emergency Management Agency (MEMA). The MSDH Volunteer Manager works with requesting entities to coordinate lists of pre-credentialed, willing, and available volunteer health professionals. During a response, the MSDH Incident Manager will take the lead in coordinating pre-deployment communication and stand-by alert notification as approved by the Planning Chief of the Public Health Command/Coordination Center (PHCC).

Deployment considerations and mobilization assumptions:

- MEMA will approve local emergency management requests for Mississippi Responder Management System volunteers.
- Logistical considerations for requesting entities (see Appendix G) will have been addressed prior to volunteer activation and deployment.
- Deployment protocols initiated by local and state emergency management entities will follow Incident Command Systems and National Response Framework methodology.
- Volunteers will not be asked to deploy without an official mission or operation number and appropriate liability protections.
- A volunteer may choose to accept or decline a call to service at any time. The PHCC will monitor the fulfillment of requests and assist in the preparation and development of additional resources and strategies as needed.
- Willing and available volunteers listed in fulfillment of MEMA’s request will be placed on “stand-by” alert status by the MSDH.
- The Volunteer Manager will coordinate with the Logistics Section of the PHCC to issue appropriate travel orders and information to volunteers and/or teams prior to deployment.
- Prior to deployment, the PHCC Planning section will develop a demobilization plan for any volunteer resources being deployed that includes:
  - Basic information on the mission and resources.
  - Benchmarks that need to be achieved in the deployment.
  - Triggers that indicate that mission will end.
  - Safety officer consideration of physical and mental evaluation of volunteers at the end of the mission.
  - Logistics Section for consideration of transportation and supply or equipment check-in.
  - Finance Section for time records and mission documentation.
- When possible, volunteers will initially be assembled in a pre-deployment staging and training area organized by the requesting entity. Volunteers will receive:
Volunteer tracking and monitoring systems will have been established among the requesting entity and the MSDH Volunteer Manager. The MSDH Mississippi Responder Management System will maintain a history of volunteer deployments and log the information using electronic system resources in addition to the MSDH Situation Report.

**Requesting a Local or State Deployment of MRMS Volunteers**

MSDH follows the statewide process for requesting unmet needs during an emergency. When a local jurisdiction identifies a need for volunteers to assist with a response, they will first work to identify volunteers within their area to meet the response needs. If a local jurisdiction has exhausted all resources to support the response, the local or county emergency management agency can request additional volunteers through WebEOC. If the request is approved by the Mississippi Emergency Management Agency (MEMA) it will be assigned to the applicable branch at the State Emergency Operations Center. The MEMA Branch Director will review and make assignments to the applicable emergency support function.

Upon request from an entity for resources to be deployed by MSDH (personnel, equipment, or supplies) to support a training, exercise, or real world event, the following protocols will be in effect:

- The requesting entity shall complete a Volunteer Request Template (see Appendix F) and email or fax the completed form to the local/county emergency management agency.
- If a request comes directly from an entity to MSDH, the entity will be instructed to contact their local emergency management agency to determine if the need can be filled using local resources.
- Once MSDH becomes aware that a request has been submitted to the local emergency management agency, MSDH will work to identify resources responsive to the request, but will not notify, activate, or deploy any resources without a confirmed request from MEMA and a mission assignment number.

The request for assistance must include the following:
• Incident requiring assistance
• Description of the mission, mission objectives
• Types of assistance or resources needed, which may include
  ▪ Number of personnel, equipment, or supplies
• Personnel skill set
• Date and time resources are needed
• Delivery location or staging area
• Location where resources will be deployed (if different than above)
• Point of contact information

The Mississippi State Department of Health (MSDH) Emergency Coordinating Officer (ECO) will work with the Public Health Command/Coordination Center (PHCC) Incident Commander to ensure that the request provides all of the required information and that volunteers of the Mississippi Responder Management System are the correct resource. If the request is valid, the ECO will transmit the request to the Planning and Logistics Sections of the PHCC for processing. The Planning Section, in coordination with the Logistics Section of the PHCC, will:

• In coordination with the MSDH ECO assigned to the State Emergency Operations Center (SEOC) and/or local Emergency Support Function 8 liaisons, work with the requestor to draft the appropriate statement of work for the mission assignment.
• Work to identify resources to fill the request.
• Notify the MSDH ECO when able to provide resources to fill the request, and the ECO will update the applicable branch chief at the SEOC on what types of resources are available for deployment and request mission approval.

When the request reaches MEMA, the agency will assign a mission assignment number to the emergency management agency’s request. The approval will be given to the MSDH ECO and updated in WebEOC. The MSDH ECO will forward the mission approval to the PHCC Planning Chief who will maintain a copy for response records and forward the original to the PHCC Finance Chief.

Out-of-state responses shall be in accordance with provisions identified in the Emergency Management Assistance Compact or other applicable interstate agreements and coordinated by the MSDH ECO and the PHCC Finance Chief with the approval of the PHCC Incident Commander if the (PHCC) is activated and by the Mississippi State Department of Health (MSDH) Emergency Coordinating Officer (ECO) and the Office of Emergency Planning and Response (OEPR) Finance Chief with approval of the Director of Health Protection when the PHCC is not activated.

Information for Administrators
In most cases requests for Mississippi Responder Management System (MRMS) support for a state deployment will be directed through the MRMS Administrator(s), not to the volunteers themselves, using the mission feature within MRMS.

A request will be sent to Local Unit Administrators within the appropriate counties requiring assistance using the mission feature within MRMS.

Local Unit Administrators will evaluate each request for volunteers for applicability to their unit function and solicit their unit’s volunteers using the mission feature within MRMS.

The Local Unit Administrators will develop a roster within the MRMS system identifying volunteers who are available for deployment. If the event has multiple dates/times, multiple rosters should be developed for each date/time. The completed roster(s) should be sent to the originator of the request for volunteers for deployment.

Sample checklists and forms that are recommended for use during deployment are listed below:

- Volunteer Pre-Deployment Checklist (Appendix H).
- Volunteer Locator and Processing Checklist (Appendix I).

**Information for Volunteers**

**Notification/Mobilization**

Volunteers will receive a request through MRMS from the respective Local Unit Administrator(s), or in some cases the volunteer manager of the PHCC for availability during a specified period of time. For each mission request, a volunteer may accept or reject the request based upon mission details and the volunteer’s other commitments. Even though a volunteer is registered in MRMS, there is no obligation for a volunteer to accept deployment for any given mission.

**Preparing to Respond**

MRMS volunteers should not self-deploy to a disaster location. The MRMS Local Unit Administrator or the volunteer manager of the PHCC will contact volunteers when a response has been requested.

Volunteers can take steps to prepare to respond to a Mississippi Responder Management System (MRMS) volunteer deployment. Refer to Appendix H, Volunteer Pre-Deployment Checklist.

Volunteers who accept a MRMS deployment mission request should follow the specific instructions provided for each mission and refer to the following appendices for additional information:
• Sample Volunteer Pre-Deployment Checklist (Appendix H).
• Record of Emergency Data (Appendix K).
• Physical Requirements and Required Vaccines (Appendix L).
• Incident Command System Form 214 – Individual/Unit Log (Appendix T).

Volunteers need to bring all of the following items to the assigned deployment site:

• Valid driver's license or government issued photo identification.
• All paperwork given about the deployment assignment.
• Emergency contact information and telephone numbers.
• Any additional paperwork requested, depending on assignment.

Safety Tips

Remind volunteers of the following safety tips:

• Do not self-deploy; wait for contact from the Local Unit Administrator or the Volunteer Manager of the Public Health Command/Coordination Center (PHCC).
• Always carry photo identification.
• Wear comfortable, weather-appropriate clothing.
• Use personal protective equipment provided by your response supervisor.
• Follow the supervisor's or Incident Commander’s instructions regarding how to evacuate the building or area, if necessary.

DEMOBILIZATION

Prior to deployment of any volunteers, the PHCC Planning Section will create a demobilization plan that includes:

• Basic information on the mission and resources.
• Benchmarks that need to be achieved in the deployment.
• Triggers that indicate that mission will end.
• Safety Officer consideration of physical and mental evaluation of volunteers at the end of the mission.
• Logistics Section for consideration of transportation and supply or equipment check-in.
• Finance Section for time records and mission documentation.

The demobilization plan is a dynamic document and will be adjusted as the mission evolves. Changes to the plan must be coordinated between the local emergency manager, state emergency management, and the Public Health Command/Coordination
Center (PHCC). In many cases a change in mission scope may require a revision to the original mission approval and must be approved by the Mississippi Emergency Management Agency.

It is important to maintain situational awareness and release volunteers in coordination between local emergency management, state emergency management, and the PHCC based on evolving incident requirements, the incident-action plan, and the PHCC demobilization plan. Coordinate with partner agencies to assure provision of any medical and mental/behavioral health support needed for volunteers to return to pre-incident status. See Appendix M, Volunteer Demobilization Checklist.

The process should include steps to accomplish the following:

- Demobilize volunteers in accordance with the incident action plan and the PHCC Demobilization Plan.
- Assure all assigned activities are completed and/or replacement volunteers are informed of the activities’ status.
- Determine whether additional assistance is needed from the volunteer.
- Assure all equipment is returned by volunteer.
- Confirm the volunteer’s follow-up contact information.

Exit screening during out-processing, to include documentation of the following:

- Post-deployment medical screening in accordance with the Mississippi State Department of Health Responder Health and Safety Plan
- Any injuries and illnesses acquired during the response.
- Mental/behavioral health needs due to participation in the response.
- When requested or indicated, referral of volunteer to medical and mental/behavioral health services.
Mississippi Responder Management System Demobilization Procedures

Initiating Demobilization – The Onsite Volunteer Coordinator initiates demobilization protocols with volunteers

- Notify Mississippi Responder Management System (MRMS) Liaison.
- Notify Volunteer(s).

Deactivation of Volunteer(s) – The Onsite Volunteer Coordinator will notify MRMS staff, in turn will notify the respective Unit Administrator of volunteers’ deactivation and provide the following information for each:

- Copies of Completed Incident Command System (ICS) Form 214 (Appendix T) signed by the volunteer and the ICS supervisor where the volunteer served.
- Volunteer Name.
- Profession.
- Deployment location.
- Date of deactivation.

Conduct Volunteer Debriefing - Onsite Coordinator will conduct volunteer debriefing.

- Verify volunteer’s return to home base (the Public Health Command/Coordination Center (PHCC)) Planning Chief will update the PHCC Incident Commander when the last volunteer has safely returned to home base).
- Provide volunteer feedback form.
- Make available appropriate critical incident stress interventions.

Record Keeping - Unit Administrators or MRMS staff will update the volunteers’ registry profile with the number of hours worked.

Provide input to the Mississippi State Department of Health (MSDH) After Action Report-Improvement Plan.

TRACKING AND MONITORING VOLUNTEERS

Affiliated Volunteers

During an emergency event, tracking and monitoring systems will be established and coordinated through the MSDH PHCC, the local Emergency Support Function 8 liaison, the requesting entity volunteer staging area, and the deployed volunteers' assigned duty posts. The following communication matrix outlines the mode of communication that is routinely used and the information transmitted necessary to monitor use and movement of volunteers.
For demobilization of volunteers, the Public Health Command/Coordination Center (PHCC) Incident Commander will approve the demobilization through the incident action plan by activating the demobilization plan that was created for this resource. Once approved, the PHCC Planning Chief will coordinate the demobilization with other applicable sections of the PHCC and local Essential Support Function 8 liaisons. This coordination shall include notifying the Mississippi Responder Management System (MRMS) System Administrator who, in turn, notifies the Local Unit Administrator(s) using redundant messaging capabilities within MRMS System.

Managing Spontaneous and/or Unaffiliated Volunteers

Spontaneous and/or Unaffiliated Volunteers (SUV) can play vital roles in an emergency response if they are effectively managed and utilized.

Local and state emergency management agencies will work with established volunteer organizations to publicize where and when SUVs can report for support services. Announcements may be made through news media outlets, websites, social media, and call centers.

SUVs will be directed to the closest volunteer registration area to sign-up for support roles (See Appendix V, Volunteer Reception Center Manual). Their roles may be limited if credentials, certifications, and licenses cannot be verified. When possible, SUVs will be directed to sign up or will be referred to other local or state volunteer organizations to register as volunteers.

Integrating Health Volunteer Systems

Health/medical responses often call for health volunteer support from multiple systems, groups, and organizations outside of the MRMS system. The following steps and protocols help support coordination among all volunteer health professional/emergency preparedness entities to ensure an efficient response to an emergency, including, but not limited to, Medical Reserve Corps (MRC).

- Upon system activation, the Mississippi State Department of Health (MSDH) Volunteer Manager establishes early communication with MRC unit leaders and local/regional volunteer coordinators. See Appendix K, Record of Emergency Data.
- With support by the MSDH Volunteer Coordinator, advance coordination with pertinent volunteer primary affiliations is addressed prior to deployment.
- Mississippi Emergency Management Agency (MEMA) oversees activation and integration of additional volunteer management systems they use during an emergency.
- MEMA facilitates the integration of volunteer tracking and management systems (local, out-of-state) with support by the MSDH Public Health Command/Coordination Center (i.e., identifying necessary data elements or
electronic formats required to effectively send and receive necessary information).

- When integrating Mississippi Responder Management System (MRMS) volunteers with other groups, the receiving entity must ensure an Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) identifier is provided. Volunteers must wear a unique identifier (i.e., a badge, wristband, vest, travel order, or other indicator) distinguishing them specifically as an ESAR-VHP volunteer.

Implementing Emergency Recruitment

The Mississippi State Department of Health (MSDH) coordinates resources and works with public health partners to support continual recruitment and retention of public health volunteers. The MSDH integrates and implements Assistant Secretary for Preparedness and Response public education campaigns and tools (appropriate, affordable, and available).

The MSDH may implement emergency recruitment during the following:

- A declared state/federal emergency in which health volunteer resources may be requested.
- National Terrorism Advisory System alerts in which health volunteer resources may be required.
- Total number of requested volunteers exceeds the number of available volunteers within the system.
- Strategies have been implemented to address spontaneous unaffiliated volunteers.

Protocols:

- Follow the MSDH Concept of Operations Plan and request support from the MSDH Public Information Officer (PIO).
- Direct the public and public health partners to [http://signupms.org](http://signupms.org), encouraging registration or updating of registry information.

Requesting Information during a Response to Actual Events

The MSDH Volunteer Manager, upon MRMS activation, will initiate early contact with appropriate public health volunteer coordinators and affiliated entities. Initial contact may include web-based technologies, email, conference call, cell phone, landline, fax, radio, or other forms as needed. To ensure a correct and consistent message, it is important that volunteers nor their units provide information directly to the media and that information requested during a response be directed through the correct channels. When in doubt, contact the Public Health Command/Coordination Center PIO.
Protocols for responding to request for information:

General Public:

- Requests are directed to the Public Health Command/Coordination Center (PHCC) Public Information Officer (PIO).
- The Mississippi State Department of Health (MSDH) Volunteer Manager provides support as needed following the MSDH Concept of Operations Plan (CONOPS).

Local Jurisdiction and Regional Inquiries:

- Local requests should be routed to the PIO at the local emergency operations center.
- If the local PIO requests information from a volunteer or volunteer unit, they should be directed to contact the PIO of the PHCC. The PIO of the PHCC will coordinate with Essential Support Function 15 (ESF15) at the State Emergency Operation Center (SEOC) as necessary.
- Regional inquiries should be routed to the PIO at the Mississippi Emergency Management Agency (MEMA) State Emergency Response Team if activated or the PIO of the PHCC if not active.
- MSDH Volunteer Manager provides support as needed following the MSDH CONOPS.

Federal/Interstate Emergency Entities:

- Requests are directed to ESF 15 at the MEMA SEOC.
- MEMA contacts the MSDH PHCC as necessary.
- MSDH Volunteer Manager provides support as needed following the MSDH CONOPS.

National Medical Reserve Corps and Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program Officers:

- Requests are directed to the MSDH Volunteer Coordinator through the PHCC Planning Chief.

Note: Sharing of personal information without the volunteer’s consent is strictly prohibited.

During interstate deployment, in which a volunteer’s personal information will be sent from other states, the MSDH Volunteer Coordinator will:

- Make contact with the sending state’s ESAR-VHP Coordinator or appropriate entity.
- Establish a process for receiving information.
• Ensure out-of-state personal information remains secured and maintained according to Mississippi State Department of Health standards.
• Ensure volunteer deployment and event activity history is maintained.
• Ensure personal information received is destroyed within 90 days following the close of event activities, which include the financial closeout and audit window for the event.

Legal Considerations

Civil liability refers to the potential responsibility of a person or entity for actions resulting in injury to persons or damage to or loss of property. Civil liability is measured in damages, which equate to financial responsibility on the part of the person who caused the damages. A person who causes damages is not necessarily civilly liable, the applicable law may provide some immunity from liability, or the person may have acted reasonably or non-negligently such that liability will not attach.

A number of laws, both state and federal, may protect volunteers from civil liability for actions performed by them during a mission. Which of these laws applies depends upon the specific circumstances. Relevant considerations include:

• Is the individual being paid or acting as an uncompensated volunteer?
• Who directs the actions of the individual?
• Where (location) is the individual a volunteer?
• What kind of services is the individual providing?
• Is the individual considered the “employee” of a government entity, as that term has been defined in relation to certain laws?
• Is the individual or entity considered an agent, employee or representative of a government entity and engaged in emergency services activities?
• Is the individual part of an organized response to an emergency, acting on the spur of the moment, or “happening upon” an emergency situation?
• Has a disaster emergency been declared by the Governor?
• Is there a federal declaration of emergency or another federal declaration that applies to the situation?

Appendix Q contains a table that briefly summarizes applicable laws that may provide protection from civil liability for volunteers. This information is not legal advice and must not be construed as such. It is intended to give volunteers an idea of what laws may apply, depending upon the circumstances. Questions should be directed to their own legal counsel.
Legal Representation and Indemnification

If a Mississippi Responder Management System (MRMS) volunteer is sued for negligence or other unintentional misconduct occurring while the volunteer was acting in the scope of the volunteer’s duties, the state will provide a defense where each of the following conditions is met:

The volunteer was deployed into service by the State of Mississippi and approved travel orders were issued.

Note: Local Unit Administrators can use the MRMS system to deploy volunteers locally using the system. If volunteers are deployed into service by an entity other than the State and not at the request of the State, the State will not provide legal representation and indemnification. If volunteers are deployed by a local political subdivision, they should discuss their status with the local county emergency management agency to ascertain what legal protections may apply and whether legal representation or indemnification may be provided.

The volunteer is under the control and direction of the State of Mississippi during the accident or occurrence that led to the cause of action being brought against the volunteer.

The volunteer was acting in good faith and in furtherance of state of Mississippi business at the time of the accident or occurrence.

The volunteer immediately makes an incident report (See Appendix S) to the deploying state agency about claims that have been or may be made against the volunteer, so that the deploying agency can provide written notice to the Mississippi State Department of Health (MSDH), the Mississippi Emergency Management Agency, and the Mississippi Department of Finance and Administration Office of Insurance.

In cases in which intentional or malicious conduct is alleged, if it appears to MSDH that a MRMS volunteer’s conduct, that has given rise to the cause of action, was within the scope of the volunteer’s duties and a good faith exercise of the authority delegated to the volunteer by the State of Mississippi, the State will undertake the defense with an attorney of its choosing and at its expense, and will indemnify the volunteer for the expense of a judgment against the volunteer or a settlement that is approved by MSDH. The volunteer may engage his or her own attorney, but indemnification and reimbursement of attorneys’ fees by the State will be in the sole discretion of MSDH.
Compensation

Accidental Injury Benefits:

The State of Mississippi provides to duly enrolled volunteers (which includes those enrolled in Mississippi Responder Management System (MRMS); both local and state managed deployments) who are not eligible to receive benefits under the Workers’ Compensation Laws, the following benefits relating to injuries sustained while actually engaged in emergency management activities and services while en-route to or from emergency management tests, drills, exercises or operations authorized by Mississippi Emergency Management Agency (MEMA) and carried out in accordance with rules and orders promulgated and adopted by MEMA:

"All personnel of emergency management support forces shall, while on duty, be subject to the operational control of the authority in charge of emergency management activities in the area in which they are serving, and shall be reimbursed for all actual and necessary travel and subsistence expenses, and for death, disability or injury to such personnel while on such emergency duty as a member of an emergency management support force, the state shall pay compensation to the heirs in event of death or the individual in event of injury or disability in accordance with payment schedules contained in the Mississippi Workers' Compensation Law."

These benefits are provided pursuant to Section 71-3-13 of the Miss. Code Ann. Title 71. Chapter 3. Worker's Compensation Maximum and Minimum Compensation Laws

Travel:

Travel expenses may be reimbursable, which will be determined on a mission by mission basis. All travel expenses will follow state guidelines.

Salary:

The MRMS is a volunteer registry and does not reimburse volunteers for their services during deployment.

ASSIGNMENT OF RESPONSIBILITIES

Mississippi State Department of Health:

The Mississippi State Department of Health (MSDH) is the coordinating agency for management of the MRMS system. The MSDH Volunteer Coordinator assumes the lead role in assuring the volunteer program is maintained, and that training is offered to MRMS users as needed. When activated, the MSDH Volunteer Coordinator will be assigned to the Resource Unit of the Public Health Command/Coordination Center
Planning Section to coordinate the activation and deployment of Mississippi Responder Management System (MRMS) registered volunteers.

Medical Reserve Corps:

The Mississippi Medical Reserve Corps (MRC) is part of a national network of community-based units who contribute to local health initiatives and assist in response during public health emergencies. The MRC works in conjunction with the MRMS system and falls under the coordination of the Mississippi State Department of Health (MSDH) Volunteer Coordinator.

COMMUNICATION

The state's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) system, also known as MRMS, is the primary system for notification and messaging to volunteers. Redundant communication platforms, such as text messaging or a reverse 911 system, may be utilized to request that prospective MRMS volunteers participate in the public health agency’s response.

ADMINISTRATION

This plan and the MRMS system are administered by MSDH.

PLAN DEVELOPMENT AND MAINTENANCE

Improvement planning is integrated into the MSDH emergency preparedness annual exercise and evaluation program. This plan is tested through a capabilities-based program that includes a cycle, mix, and range of activities varying in degrees of complexity and interaction. Program exercises are Homeland Security Exercise and Evaluation Program compliant as regulated by the U.S. Department of Homeland Security. MSDH will maintain, edit, and update this plan annually in partnership with key stakeholders.

AUTHORITIES AND REFERENCES

Federal Laws

Volunteer Protection Act of 1997: Provides immunity for ordinary negligence to volunteers of non-profit organizations as long as:

- The volunteer acts within the scope of their responsibilities.
- The volunteer was licensed or certified in the state where the harm occurred.
- The harm was not the result of willful action by the volunteer.
- The harm was not caused by the volunteer’s operation of a vehicle.
Pandemic and All-Hazards Preparedness Act, 33: Permits the Secretary of Health and Human Services to appoint Volunteer Health Professionals as intermittent personnel of the National Disaster Medical System (NDMS), which provides medical services when a disaster overwhelms local emergency services. NDMS volunteers benefit from the same immunity from civil liability that many employees of the Public Health Service enjoy.

Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP): Following the terrorist attacks in 2001, Congress authorized creation of ESAR-VHP. Based in the Office of the Assistant Secretary for Preparedness and Response in Health and Human Services, ESAR-VHP is a federal program that supports states and territories in establishing standardized volunteer registration programs for disasters, public health, and medical emergencies. The program, administered on the state level, verifies the credentials of volunteer health professionals in advance so that emergency managers and others have the ability to quickly identify and facilitate the use of volunteer health professionals in local, state, and federal emergency responses.

Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended (42 U.S.C. 5121 et seq.).

State Laws, Ordinances, Regulations, Resolutions, and Directives

Mississippi Code, Ann. § 95-9-1 (2010): Provides broad civil liability protection to any volunteer who qualifies under the statute by providing services or goods to a volunteer agency, unless the injury complained of was the result of (a) conduct that was intentional, grossly negligent, or (b) the operation of a motor vehicle.

The Mississippi Volunteer Support Annex to the Mississippi Comprehensive Emergency Management Plan: coordinates the state’s role in volunteer management. This guidance applies to all agencies with direct and indirect volunteer responsibilities under the Mississippi Comprehensive Emergency Management Plan. The management and utilization of the volunteers follows the Incident Command System and the primary function of the Mississippi Commission of Volunteer Services is to coordinate the utilization of volunteers to meet the assessed needs of the impacted area.


MSDH and Mississippi Government Information Technology Agency.

Volunteer and Donations Standard Operating Guidelines.
REFERENCES


APPENDICES

Appendix A: Terms of Service
Appendix B: Mississippi Responder Management System Privacy Policy
Appendix C: Mississippi State Department of Health Volunteer Coordinator Position Description
Appendix D: Mississippi Public Health Priority Professions
Appendix E: Mississippi Volunteer Registration Requirements
Appendix F: Volunteer Request Template
Appendix G: Summary of Logistics Considerations for Requesting Entities Checklist
Appendix H: Sample Volunteer Pre-Deployment Checklist
Appendix I: Volunteer Locator and Processing Checklist
Appendix J: Sample Job Action Sheets
Appendix K: Record of Emergency Data
Appendix L: Physical Requirements and Required Vaccines
Appendix M: Volunteer Demobilization and Recovery
Appendix N: Sample Volunteer Deployment Feedback Form
Appendix O: Summary of Laws that May Protect Volunteers from Tort Liability
Appendix P: Office of the Surgeon General, Medical Reserve Corps Core Competencies Matrix - Reference
Appendix Q: Brief Summary of State Statues
Appendix R: Memoranda of Understanding
Appendix S: Incident Report Form
Appendix T: ICS Form 214 – Individual/Unit Log
Appendix U: ICS Organizational Chart
Appendix V: Volunteer Reception Center Manual
Appendix W: Just in Time Training for Volunteers
Appendix X: List of Acronyms
Appendix A: Terms of Service

The State of Mississippi and its agents, contractors, sub-contractors, and third party service providers (collectively, "the State of Mississippi") provides https://signupms.org, a world wide web site (hereinafter referred to as "Site") as a service to register, credential, manage, and deploy individuals who are interested in assisting during disaster situations.

The Site and any materials for download are available on the terms and conditions described below, which are intended to be legally binding on (1) those who register as responders, and (2) those who seek to access the data collected herein in the event of an emergency (hereinafter collectively referred to as you).

You must agree to these terms of service to use this site

By using or registering on the Site you agree to these terms and conditions ("Terms of Service") and the Site Privacy Policy. You agree to accept notices electronically. Each time you use the Site, you reaffirm your acceptance of the then-current Terms of Service. If you do not wish to be bound by these Terms of Service, you may discontinue using the Site. You cannot use, access data or credentials, sign up, or register on the Site until you have accepted these Terms of Service.

If you do not agree to these terms and conditions, do not use this Site. You may not use the Site for any illegal or unauthorized purpose.

Important Read Carefully:

THE USE OF THIS SITE AND ITS SERVICES AND ASSOCIATED SOFTWARE (THE "SITE SERVICES") IS CONDITIONED UPON COMPLIANCE AND ACCEPTANCE OF THESE TERMS.

The State of Mississippi reserves the right to modify or terminate the Site Service for any reason, and without notice and without liability to you, or any third party. We also reserve the right to modify these Terms of Use from time to time without notice. You are responsible for regularly reviewing these Terms of Use so that you will be apprised of any changes.

Please read all of the material below, and note that a disclaimer of the implied warranties of merchantability, fitness for a particular purpose, and limitation of liability is set forth in the capitalized text below.

Objective

The Site functions as a non-commercial and member-only venue to assist in the registration of individuals, validation of professional licensure, management of program deployment information, emergency notification preferences for members, and
deployment of members who wish to participate in the State of Mississippi's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and/or other programs located on this Site.

The Site presently limits registration to members of programs and organizations authorized by the State of Mississippi. The Site confirms the identity of users through the use of email accounts and information provided at the time of registration. The Site confirms the qualification, background information, or abilities of members primarily through validation by third party information providers or participating program administrators. Submitted information is the responsibility of individual members and their sponsoring organizations or programs. The State of Mississippi does not accept any responsibility for the information submitted by individuals or their sponsoring organizations.

In the event of a declared emergency or disaster, authorized personnel will access the profiles of registered members and (1) verify the accuracy of a member’s credentials who wishes to volunteer in an emergency or disaster area; or in the alternative, (2) contact members for availability and deployment to serve in capacities that closely match the knowledge, skills, and credentials described in the registered member’s profiles.

The Site Products

For purposes of these Terms of Service, the term Products shall mean the Site (whether pre-installed, on a medium, or offered by download), the Site services, the Site and all other software, features, tools, web sites, and services provided by or through the Site.

Additional Terms and Conditions for Other Services or Products

You agree and understand that certain Site Products, features, and services offered by or through the Site (including services from the State of Mississippi) may be subject to additional terms and conditions or registration requirements.

You agree to abide by these additional terms and you further agree that a violation of those terms while you are accessing the data and or services through the Site shall constitute a breach of these Terms of Service.

Modifications to the Terms of Service

The State of Mississippi, through the Site, may change the Terms of Service at any time and in its sole discretion. The modified Terms of Service will be effective immediately upon posting and you agree to the new posted Terms of Service by continuing your use of the Site. If you do not agree with the modified Terms of Service, your only remedy is to discontinue using the Site and cancel your registration.
Requirements for Use or Registration on the Site, its Data, and Products

The Site is open to members and administrators of the programs approved for participation by the State of Mississippi. By registering on the Site and using the Site you represent and warrant that you are eligible to register as a member of one of these participating organizations.

Responsibility for Content of the Information Profile and Activity Under Your Username

You represent and warrant that you have adequate legal capacity to enter into binding agreements such as these Terms of Service. Some parts of the Site may require the user to register and provide information to the Site, such as name, email address, gender, date of birth, Driver's License information, proof of education, proof of professional licensure, Drug Enforcement Agency license number, medical board certification, National Practitioner Database status, Inspector General status, active clinical practice status, active clinical privileges, and any other credentialing information (hereinafter, all the foregoing will collectively be referred to as Registration Information) as may be deemed necessary by the State of Mississippi.

If you register on the Site, you agree to provide accurate and complete Registration Information, and you agree to keep such information current.

As part of the registration process, you will be asked to provide a username and password. You will be responsible for all activities occurring under your username and for keeping your password secure.

By successfully accepting the terms of service and completing the Registration Information, and receiving confirmation from the State of Mississippi, you will be registered on the Site and have an information profile ("Profile") which you can access online with your username and password. Your username and password are required to access the Site. When you complete the registration process, a confirmation email will be sent to you with instructions on how to log in.

You agree that you are solely responsible for the content of all information provided by you. You agree to provide accurate, non-misleading, and complete information in all areas of the Site and to maintain and update such information in order to maintain its honesty, accuracy, and completeness. At any time, you may update information regarding your Profile. Whenever you post any information on or to the Site, you agree to provide accurate and complete information.

You agree:

- Not to post any false, misleading, discourteous, unprofessional, or inappropriate information to the Site;
• Not to discuss information in 'restricted' or confidential areas of the Site which you may have access to;
• Not to use an automated information collection mechanism or manual information collection process to monitor, collect, or copy information contained in the Site;
• Not to distribute information found on the Site.

Further, you represent and warrant that you will not do any of the following in connection with the Site or your use of the Site:

• Violate, intentionally or unintentionally, any applicable local, state, national, or international law or regulation.
• Infringe any third party's copyright, patent, trademark, trade secret, or other proprietary rights or rights of publicity or privacy.
• Upload, post, or transmit any information that you do not have the right to post or transmit under any law, contractual duty or fiduciary relationship, including, but not limited to: inside information, proprietary and confidential information learned as part of employment contract, or information learned under a nondisclosure agreement or obtained in a wrongful manner.
• Upload, post, or transmit any information that is unlawful, untrue, fraudulent, harassing, libelous, defamatory, abusive, tortuous, threatening, harmful (including, but not limited to: viruses, Trojan horses, time bombs, cancel bots, corrupted files, or any other programming routines that are intended to damage, detrimentally interfere with, intercept, or expropriate any system, data, or information), or is otherwise objectionable;
• Access, tamper with, or use areas of the Site you are not strictly authorized to access (Unauthorized individuals attempting to access these areas of the Site may be subject to prosecution).
• Do anything which would create or impose an unreasonable or disproportionately large burden or load on the Site.
• Frame or link to the Site except as permitted in writing by the State of Mississippi.
• Impersonate any person or entity, falsely state your identity, or otherwise misrepresent your affiliation with a person or entity.
• Interfere with or disrupt the Services or servers or networks connected to the Services, or disobey any requirements, procedures, policies, or regulations of networks connected to the Services.

The State of Mississippi and/or your program administrators reserve the right to revoke your account upon the discovery that the information you have provided is intentionally misleading, not true, not complete, or not accurate.
Registered User Information

The Privacy Policy explains how the Site collects and uses information you have provided or seek to access. You consent to the Site using your Registration Information and other information collected by the Site under the Site Privacy Policy.

By registering with or using the Site, you consent to the collection and use of your Registration Information and the transfer of this information to the State of Mississippi and authorized third-parties for processing and storage. Additionally, you agree that the State of Mississippi may use various services or technologies to authenticate you and your identity and credentials on the Site, help store your Registration Information and transaction-related information, and enable authorized users to access the information you provide on the Site in the event of a declared emergency or disaster. In the event of a declared emergency or disaster, authorized personnel will access your profile to verify your credentials, or they will contact you regarding your availability to serve in a designated area in a manner that most closely matches the skills and experience that you have described on your profile.

You understand that, at all times, your registration Information and any information that relates to you belongs to the State of Mississippi.

Responsibility

You are responsible for all activity made by you or anyone you allow to provide information on your profile, including your family or friends. You agree to keep confidential the passwords associated with your Registration Information.

You may not use the Site while driving, operating hazardous equipment, or engaging in other forms of hazardous activities.

You are responsible for any materials you post or make available on or through the Site.

Communications

You are responsible for obtaining your own Internet access, such as maintaining all telephone, computer hardware, and other equipment needed for access to and use of the Site, related Products, and all charges related thereto. Any telephone or other communications charges incurred by you to access the Site or any Site Products are your responsibility.

You May Use the Site and Site Products for Lawful Purposes Only

You may use the Site and Site Products for lawful purposes only. You may not post on or transmit through community areas (e.g., message boards, email, calendars) or other means, any material that (1) violates or infringes in any way upon the rights of others, (2) is unlawful, threatening, abusive, defamatory, invasive of privacy or publicity rights,
vulgar, obscene, profane, indecent, or otherwise objectionable, (3) encourages conduct
that would constitute a criminal offense, (4) gives rise to civil liability, (5) violates any
policies posted in any community areas, or (6) otherwise violates any law. You also may
not undertake any conduct that restricts or inhibits any other user from using or
accessing the data on the Site or on any Site Products.

No Unauthorized Access

You may not harvest or collect information about the Site users unless prior written
permission is obtained from the State of Mississippi. You may not harvest or collect
information about the Site users and or registrants of the Site or any Site Product for the
purpose of sending unauthorized bulk communications. Any violation of these
provisions may result in immediate termination of your registration account or access to
the Site Database and further legal action. You agree that the State of Mississippi may
take any legal and technical remedies to prevent unsolicited bulk communications from
entering, utilizing, or remaining within the Site's networks.

Restrictions on Access to, or Use of, the Site and Site Products

You may access the Site and Site Products only through the interfaces and protocols
provided or authorized by the State of Mississippi. You agree that you will not access
the Site or Site Products through unauthorized means, such as unlicensed software
clients, and that you will only use the Site and Site Products in conjunction with the
State of Mississippi's authorized products and components.

Export Restrictions

You acknowledge that the Site, or any use of any Site Product or portion thereof may be
subject to the export control laws of the United States. You will not export, re-export,
divert, transfer, or disclose any portion of the Site or Site Products or any related
technical information or materials, directly or indirectly, in violation of any applicable
export law or regulation.

No Resale of Site or Site Products

You agree not to reproduce, duplicate, copy, sell, resell, or exploit for any commercial
purposes any portion of the Site or Site Products, or access to the Site or Site Products.

Injunctive Relief

You acknowledge that any use of the Site contrary to this Agreement, or any transfer,
sublicensing, copying or disclosure of technical information or materials related to the
Site or Site Products may cause irreparable injury to the State of Mississippi and its
agents, contractors, sub-contractors, third party service providers, affiliates, and any
other party authorized to resell, distribute, or promote the Site, or Site Products. Under
such circumstances the State of Mississippi and its agents, contractors, sub-
contractors, third party service providers, and affiliates will be entitled to equitable relief, without posting bond or other security, including, but not limited to, preliminary and permanent injunctive relief.

**No Support by the State of Mississippi on the Site**

You understand that your use of the Site and any Site Product is at your own risk and that the State of Mississippi provides no assistance other than the information posted on the Site. The State of Mississippi is under no obligation to provide you with any error corrections, updates, upgrades, bug fixes and/or enhancements of the Software.

**No Endorsement**

The Site and Site Products may contain links to other web sites, resources, and advertisers. The State of Mississippi is not responsible for the availability of these external sites, nor does it endorse, or is it responsible for, the aesthetics, appeal, suitability to taste, or subjective quality of informational content, advertising, products, or other materials made available on or through such external sites.

Under no circumstances shall the State of Mississippi be held responsible or liable, directly or indirectly, for any loss or damage caused or alleged to have been caused to you in connection with the use of or reliance on any content, goods or services available on such external sites. You should direct any concerns to such external Site Administrator or Webmaster.

**Disclaimer of Warranty**

Your use of the Site and Site Products and software is at your sole risk. The Site and Site Products and software are provided "as is," "with all faults" and "as available" for your use, without warranties of any kind, either express or implied, unless such warranties are legally incapable of exclusion. Specifically, the State of Mississippi disclaims implied warranties that the Site and Site Products and software are merchantable, of satisfactory quality, accurate, fit for a particular purpose or need, or non-infringing. The State of Mississippi does not warrant that the functions contained in the Site or Site Products and software will meet your requirements, or that the operation of the Site or Site Products and software will be uninterrupted or error-free, or that defects in the Site or Site Products and software will be corrected. The State of Mississippi does not warrant or make any representations regarding the use or the results of the use of the Site or Site Products, software or related documentation in terms of their correctness, accuracy, reliability, or otherwise. The State of Mississippi provides the Site and Site Products and software on a commercially reasonable basis and do not guarantee that users will be able to access or use the Site or Site Products at times or locations of their choosing, or that the Site will have adequate capacity for Site Products as a whole.
Limitation of Liability

The State of Mississippi’s entire liability and your exclusive remedy with respect to any dispute with the State of Mississippi (including without limitation your use of the Site and Site Products) is to discontinue your use of the Site and Site Products. The State of Mississippi shall not be liable for any indirect, special, incidental, consequential, or exemplary damage arising from your use of the Site or any Site Product, or for any other claim related in any way to your use of the Site or Site Products. These exclusions for indirect, special, incidental, consequential, or exemplary damages include, without limitation, damages for lost profits, lost data, loss of goodwill, work stoppage, computer failure or malfunction, or any other commercial or personal damages or losses, even if the State of Mississippi had been advised of the possibility thereof and regardless of the legal or equitable theory upon which the claim is based. Because some states or jurisdictions do not allow the exclusion or the limitation of liability for consequential or incidental damages, in such states or jurisdictions, the State of Mississippi’s liability in such state or jurisdiction shall be limited to the extent permitted by law.

The State of Mississippi does not endorse, warrant or guarantee any product or service offered through the Site or any Site Product, and will not be a party to or in any way be responsible for monitoring any transaction between you and third-party providers of products or services.

Indemnification

You agree to defend, indemnify, and hold harmless the State of Mississippi and its respective directors, officers, employees, and agents from and against all claims and expenses, including attorneys’ fees arising out of your use of the Site and Site Products. The State of Mississippi reserves the right, at its own expense and in its sole discretion, to assume the exclusive defense and control of any matter otherwise subject to indemnification by you.

You agree to indemnify and hold harmless the State of Mississippi for losses incurred by you, any person, private entity, local, state or federal governmental entity, or other party due to:

- Damages resulting from an unauthorized person or entity who has obtained your profile information and misused same.
- Damages resulting from your registration information as a result of your failure to use reasonable care to keep your registration information confidential.
- Damages resulting from your failure to use reasonable care while using any Site Products.
Choice of Law and Forum

These terms of Service shall be governed and construed in accordance with the laws of the state of Mississippi. You expressly agree that the exclusive jurisdiction for any claim or action arising out of or relating to these Terms of Service or your use of the Site shall be filed only in the state or federal courts located in the state of Mississippi, and you further agree and submit to the exercise of personal jurisdiction of such courts for the purpose of litigating any such claim or action. The foregoing provision may not apply to you depending on the laws of your jurisdiction.

Waiver and Severability

Failure by either party to exercise any of its rights hereunder or to enforce any provision of, these Terms of Service will not be deemed a waiver or forfeiture of such rights or ability to enforce such provision. If any provision of this agreement is held by a court of competent jurisdiction to be illegal, invalid, or unenforceable, that provision will be amended to achieve as nearly as possible the same economic effect of the original provision, and the remainder of this agreement will remain in full force and effect.

Termination

The State of Mississippi has the right to terminate your registration and registration account or your access to any Site Products for any reason in the State of Mississippi's sole discretion, including, but not limited to, termination, if it considers your use to be unacceptable, or in the event of any breach by you of the Terms of Service (either directly or through breach of any other terms and conditions or operating rules applicable to you). The State of Mississippi may, but shall be under no obligation to, provide you a warning prior to termination of your use of the Site or Site Products.

Trademarks

All trademarks appearing on the Site and on any Site Products are the property of their respective owners.

Miscellaneous

The provisions of these Terms of Service addressing disclaimers of representations and warranties, limitation of liability, indemnity obligations, intellectual property, and governing law shall survive the termination of these Terms of Service, your registration with the Site, and use of any Site Products.

These Terms of Service and any operating rules for any areas of functionality of the Site and Site Products established by the State of Mississippi constitute the entire agreement between the State of Mississippi and you, regarding the subject matter of these Terms of Service, and supersede all previous written or oral agreements. In the event of any inconsistency between these Terms of Service and any such other terms
of use or operating rules of a specific Site Product, these Terms of Service will supersede such other terms of service or operating rules. No waiver by either party of any breach or default hereunder shall be deemed to be a waiver of any preceding or subsequent breach or default. The section headings used herein are for convenience only and shall not be given any legal import.
Appendix B: Mississippi Responder Management System Privacy Policy

Overview

The State of Mississippi and its agents, contractors, sub-contractors, and third party service providers (collectively, "the Client") is strongly committed to protecting the privacy of registrants and users of its products and services. Throughout cyberspace, we want to contribute to providing a safe and secure environment for you, our users.

The purpose of this Privacy Policy is to inform you, as a visitor to the Site or user of any Site content, what kinds of information we may gather about you when you visit the Site, how we may use that information, whether we disclose it to anyone, and the choices you have regarding our use of, and your ability to correct, the information. This privacy policy applies to the Site and any Site content that incorporates this policy. Please note that this policy applies only to the Site and Site content, and not to other companies' or organizations' Web sites to which we link.

Information about all Site Visitors

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Effective as of July 1, 2010
Appendix C: Mississippi Department of Public Health Volunteer Coordinator
Position Description

Mississippi State Department of Health (MSDH) Volunteer Coordinator

Mission:

Manage and coordinate of volunteer health care practitioners; provide integration support for health and medical volunteer systems. Ensure systems are in place to track and monitor health volunteer use and movement.

Position reports to:

Planning Chief

Position supervises the following positions:

As needed: Emergency System for Advance Registration of Volunteer Health Professionals technical coordinator, Administrative Assistant, and Lead Operators.

Brief description of the position:

- Activates Mississippi Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP)/Mississippi Responder Management System
- Supports requests for volunteer health professionals
- Ensures ESAR-VHP guidelines and regulations

Knowledge required to perform duties:

- MSDH Concept of Operations
- ESAR-VHP Guidelines, MSDH Emergency Response, MSDH Volunteer Coordination Plan
- Mississippi revised statutes related to medical or health volunteer liability National ESAR-VHP and the Medical Reserve Corps Verification
- Relevant local and national volunteer health professional database access and operations
- (Present system identification CORESTM response module) system access and general operations
- CORESTM notification system access and general operations
Preferred trainings:

- Independent Studies 100, 200, 700, 800
- Incident Command System 300, 400

Materials needed at workstation to perform duties:

- Internet Access
- Mississippi Responder Management System (MRMS) access
- Phone
- Laptop
- General office supplies
- Mississippi State Department of Health (MSDH) Volunteer Coordination Plan
Appendix D: Mississippi Public Health Priority Professions


Health Care Medical Occupations:

- Acupuncturist
- Advanced Practice Nurse
- Athletic Trainer
- Audiologist
- Audiology Aides
- Audiologist/Speech Pathologist, Clinical
- Behavioral Health Professional, Unlicensed
- Biomedical Engineer
- Certified Massage Technician
- Certified Nurse Assistant
- Medical Radiation Technologist
- Certified Registered Nurse Anesthetist
- Chiropractor
- Clinical Laboratory Scientist
- Clinical Laboratory Scientist Trainee
- Clinical Social Worker
- Counselor, Mental Health
- Counselor, Nutrition
- Counselor, Rehabilitation
- Counselor, School
- Counselor, Substance Abuse and Behavioral Disorder
- Dental Assistant
- Dental Hygienist
- Dentist
- Medical Radiation Technologist
- Dietitian
- EMT - Basic
- EMT - Intermediate
- EMT - Paramedic
Epidemiologist
Health Educator
Hearing Aid Dispenser
Laboratorian
Licensed Practical Nurse
Marriage and Family Child Counselor
Marriage and Family Therapist
Massage Therapist
Medical and Clinical Lab Technician
Medical and Clinical Lab Technologist
Microbiologist
Medical Radiation Technologist
Nurse Anesthetist
Nurse Practitioner
Nursing Aide, Orderly, or Attendant
Dietitian
Occupational Therapist
Occupational Therapist Assistant
Optician
Optometrist
Pharmacist
Pharmacy Technician
Physical Therapist
Physical Therapist Assistant
Physician
Physician Assistant
Podiatrist
Psychologist
Public Health Administrator
Public Health Case Manager
Public Health Nurse
Medical Radiation Technologist
Registered Nurse
Respiratory Therapist
Social Worker
Speech Language Pathologist
Speech Language Pathologist Aid
Toxicologist
Veterinarian

**Health Care Non-Medical Occupations:**

- Accountant
- Administrative Assistant
- Building Code Analyst
- Bus Driver
- Carpenter
- Certified Health Physicist
- Chemist
- Child Care Worker
- Clergy, All Other
- Clerk, General
- Communication Equipment Mechanic, Installer, or Repairer
- Computer Systems Administrator
- Construction and Related Worker, All Other
- Construction Manager
- Cook
- Coroner
- Data Entry Specialist
- Database Administrator
- Disability Access Coordinator
- Dishwasher
- Dispatcher
- Electrician
- Environmental Health Inspector/Regulator
- Engineer, Chemical
- Engineer, Civil
- Engineer, Electrical
- Engineer, Environmental
- Engineer, Industrial
- Engineer, Mechanical
<table>
<thead>
<tr>
<th>Occupation</th>
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</thead>
<tbody>
<tr>
<td>Engineer, Nuclear</td>
</tr>
<tr>
<td>Environmental Engineering Technician</td>
</tr>
<tr>
<td>Environmental Scientist and Specialist, including Health</td>
</tr>
<tr>
<td>Facilities Manager</td>
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<tr>
<td>File Clerk</td>
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<tr>
<td>Food Preparation Worker</td>
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<tr>
<td>Funeral Director</td>
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<tr>
<td>Funeral Services Worker</td>
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<tr>
<td>General Labor</td>
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<tr>
<td>General Logistics</td>
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<tr>
<td>GIS Specialist/Geographer</td>
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<tr>
<td>Human Resources Manager</td>
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<tr>
<td>Industrial Hygiene Specialist</td>
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<tr>
<td>Inspector, Building</td>
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<tr>
<td>Inspector, Environmental Compliance</td>
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<tr>
<td>Interpreter</td>
</tr>
<tr>
<td>Lawyer</td>
</tr>
<tr>
<td>Maintenance and Repair Worker, General</td>
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<tr>
<td>Manicurist and Pedicurist</td>
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<tr>
<td>Mechanic, Bus and Truck</td>
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<tr>
<td>Mechanic, HVAC</td>
</tr>
<tr>
<td>Mechanic, Refrigeration</td>
</tr>
<tr>
<td>Mortician</td>
</tr>
<tr>
<td>Nuclear Technician</td>
</tr>
<tr>
<td>Nursing Home Administrator</td>
</tr>
<tr>
<td>Occupational Health and Safety Specialist</td>
</tr>
<tr>
<td>Occupational Health and Safety Technician</td>
</tr>
<tr>
<td>Payroll</td>
</tr>
<tr>
<td>Personnel Administration</td>
</tr>
<tr>
<td>Plumber</td>
</tr>
<tr>
<td>Procurement Specialist</td>
</tr>
<tr>
<td>Public Relations Specialist</td>
</tr>
<tr>
<td>Public Relations Support</td>
</tr>
<tr>
<td>Radiation Safety Consultant</td>
</tr>
</tbody>
</table>
Radiation Safety Officer

Radio Operator, All Other

Radio Operator, HAM

Radio Technician

Receptionist

Roofer

Safety Officer

Secretary

Security Analyst

Translator

Transportation Manager

Truck Driver, Light or Delivery Services

Truck Driver, Tractor-Trailer

Woodworker

**Statewide Priority Professions Defined by National Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Standards and Local Public Health Common Need**

ESAR-VHP divides public health volunteers in two main categories: (1) health diagnosing and treating professionals, and (2) health technologist and technicians. The system is able to add other professions as needed by the state.
Appendix E: Mississippi Volunteer Registration Requirements

Crosswalk of the Mississippi ESAR-VHP and State Volunteer Registration Requirements

Required Information:

- Full name
- Birth date
- Gender
- Social Security Number
- Citizenship, to include a document verifying citizenship
- Provide verification of eligibility to work in the U.S.A.
- Address
- Contact phone number
- Driver’s license number, issuing state and expiration date
- Registering jurisdiction
- Registering agency/organization
- Employer name, address, and phone number
- Personal reference: name, address, and phone number
- Emergency contact name, address, and phone number
- Professional licenses, certificates and registrations, to include numbers and expiration dates (copies will be provided). (Note: Copies are not provided to the Mississippi ESAR-VHP; the primary source verification is used.)
- Court record of felony convictions (note: health provider screening of the Federal list of excluded individuals)
- Record of misdemeanor convictions involving moral turpitude (note: health provider screening of the Federal list of excluded individuals)
- Medical conditions which may limit ability to perform as an emergency worker

Note: The Mississippi ESAR-VHP remaining information is not supported by the U.S. Department of Health and Human Services ESAR-VHP Guidelines although the electronic system is capable of gathering or supporting remaining information listed as needed, permitted, or affordable per Mississippi State Department of Health rules, regulations, and Standard Operational Procedures.
# Appendix F: Volunteer Request Template

Submit to the Mississippi State Department of Health
Attention: Volunteer Manager

<table>
<thead>
<tr>
<th>Requestor Name:</th>
<th>Date/Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representative Authorized to Make the Request:</td>
<td>Title:</td>
</tr>
<tr>
<td>Phone (Primary):</td>
<td>Phone (24/7):</td>
</tr>
<tr>
<td>E-mail:</td>
<td>County:</td>
</tr>
</tbody>
</table>

Delivery Location or Staging Area (street address, city, state, zip code) and any special instructions:

Location where Resources will be Deployed (if different than above):

Date and Time Resources are Needed: | Estimated Deployment Duration:

Incident Requiring Assistance:

Mission Description/Objectives:

<table>
<thead>
<tr>
<th>Profession:</th>
<th>How Many?</th>
<th>Minimum Credential Level:</th>
</tr>
</thead>
</table>

Requesting entity signature certifying need and agreement to use resources in accordance with any applicable MSDH Guidance (Name, Title):

MEMA Mission Number (To be provided by MEMA):

For Official Use Only
Appendix G: Summary of Logistics Considerations for Requesting Entities

Logistics Considerations for Requesting Entities Checklist

To be completed between requesting and receiving entities. Forward or attach any pertinent information along with the Mississippi Emergency System for Advance Registry of Volunteer Health Professionals (ESAR-VHP) Volunteer Request Template.

Liability Coverage (personal and medical) Initiation:

☐ Identify who is providing the required personal/medical liability and workers compensation coverage:

________________________________________________________________________

________________________________________________________________________

Tracking and Monitoring System Integration:

☐ Ensure the systems used to track and monitor volunteer health professionals are able to integrate with Mississippi ESAR-VHP.

Comments:

________________________________________________________________________

________________________________________________________________________

☐ Identify support mechanisms that maintain the security of public health volunteer information (ensuring any out-of-state volunteer personal data received will be securely managed and destroyed within 90 days following the close of the event). Information and data is “For Official Use Only” and remains confidential:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Safety and Security:

☐ Identify who will be responsible for the safety and security of the requested public health volunteer:

____________________________________________________________________________________

____________________________________________________________________________________

Volunteer Staging Area:

☐ Establish a preliminary deployment or check-in site and a final demobilization or check-out site (a local staging area may be established when sending volunteers out of state – gather additional check-in and check-out information from the receiving state):

____________________________________________________________________________________

____________________________________________________________________________________

☐ List location and hours of operation:

____________________________________________________________________________________

☐ List point of contact information:

____________________________________________________________________________________

Mobilization, Deployment or Reception (Demobilization):

☐ Ensure onsite requirements for the identification and verification of the public health volunteer are compliant with appropriate regulatory entities:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
☐ Ensure mobilization, demobilization, and deployment information has been communicated (or ensure a point of contact for further information has been identified):

☐ Ensure volunteer departure and arrival methods (air, bus, government-owned vehicle, or personal owned vehicle) have been identified:

☐ Ensure tracking and monitoring procedures have been determined (i.e., logging of departure and arrival locations and times, identify key points en route, establish clear check-in and check-out out procedures, and protocols for sending and receiving information):

☐ Additional consideration for entities receiving volunteers (Note: Recommended information to share with receiving volunteers prior to duty assignment if applicable):
Team Assignment:

☐ Identified direct report/supervisor:

_________________________________________________________

☐ Ensure work assignment location and point of contact information has been established:

_________________________________________________________

☐ Team name (Optional):

_________________________________________________________

☐ Team leader (Optional):

_________________________________________________________

Communication and Briefings:

☐ Ensure mission briefing information has been prepared:

_________________________________________________________

_________________________________________________________

☐ Identify any hospital privileging approval accommodations to be made (as needed):

_________________________________________________________

_________________________________________________________

☐ Identify related job duty limitations, modifications, and restrictions needing to be updated:

_________________________________________________________

_________________________________________________________
☐ Communicate volunteer shift schedule:

☐ Establish a centralized message contact/location where volunteers and family members of volunteers can leave messages in the event of a personal emergency:

☐ Living Quarters:
  ☐ Identify and communicate availability (or arrangements):

  ☐ Describe type (i.e., camp, hotel, shelter):

  ☐ Identify and document location:

☐ Transportation:
  ☐ Communicate type of transportation that will be used:

  ☐ Communicate schedule and location of pick-up and drop-off times:
Sanitation and Personal Hygiene:

☐ Communicate location of facilities/type/resources:

☐ Identify personal showers and washing schedules:

☐ Identify clothing exchange or washing resources:

☐ Identify location of additional supplies (personal hygiene items):

Feeding:

☐ Communicate food/feeding resources, location, and schedules:

☐ Communicate protocols regarding requests for special diets (medical necessities):
Recreation, Relaxation, and Entertainment:

☐ Communicate type of services available or accessible including location and transportation resources:

__________________________________________________________________________________________

__________________________________________________________________________________________

Medical and Mental Health Needs:

☐ Communicate type of services available:

__________________________________________________________________________________________

__________________________________________________________________________________________

☐ Communicate location(s):

__________________________________________________________________________________________

__________________________________________________________________________________________

☐ Identify transportation resources:

__________________________________________________________________________________________

__________________________________________________________________________________________
Time Keeping and Compensation Claims:

☐ Be prepared to answer questions regarding workman’s compensation claims (or identify point of contact for further information):

_________________________________________________________________________

_________________________________________________________________________

☐ Communicate timekeeping and recording requirements (or identify point of contact for further information):

_________________________________________________________________________

_________________________________________________________________________

☐ Be prepared to answer questions regarding tort type claims and liability protections (or identify point of contact for further information):

_________________________________________________________________________

_________________________________________________________________________
Appendix H: Sample Volunteer Pre-Deployment Checklist

CHECKLIST FOR VOLUNTEER’S CLOTHING

- Sun hat (baseball cap)
- Jacket with hood
- Rain coat and rain pants
- Leather work gloves
- Long pants
- Shorts
- Long sleeved shirts
- Short sleeved shirts
- Work boots (steel toe recommended)
- Canvas shoes (comfortable)
- Large bandana
- Underwear
- Socks
- Flip-flops
- Bathing suit

PERSONAL GEAR

- Razor/blades
- Shaving cream
- Toilet paper
- Deodorant
- Shampoo
- Hand lotion
- Insect repellent
- Foot care (alcohol, powder, moleskin)
- Over-the-counter medications/prescriptions
- Personal medical equipment (scissors, stethoscope, etc.)
- Hand wipes
- Bar soap/container
- Toothpaste/brush
- Comb/brush
- Lip balm
- Sunscreen
- Detergent
- Towel

SLEEPING GEAR

- Sleeping bag and pillow
- Ground pad or cloth
- Sleeping bag liner for cold weather
FOOD AND COOKING

- High nutrition snacks
- Enough non-perishable food for 3 days, such as granola bars, jerky and trail mix
- At least 4 quarts or liters of water in refillable water bottles
- Mess kit (plate, cup, and bowl)
- Knife, spoon, and fork set
- Water purification tablets
- 1-quart canteens (3)

PAPER WORK

- Deployment Papers
- Driver’s License/Photo Identification
- Volunteer Identification Badge
- Vaccination Records
- Professional License

MISCELLANEOUS

- Book/reading material
- Sunglasses
- Extra glasses/contacts
- Cash, travelers checks and/or credit cards
- Camera/film
- Flashlight/batteries
- Head lamp
- Extra bulb/batteries
- Notebook
- Pens/pencils
- Waterproof matches/fire starters (no butane)
- Hard hat
- Goggles
- Face mask/dust mask
- Tape, safety pins, sewing kit
- Pocket knife
- Hearing protection
- Trash bags
## Appendix I: Volunteer Locator and Processing Checklist

**Principle Purpose:** *Source document for accounting information and maintaining volunteer accountability.*

<table>
<thead>
<tr>
<th>Name: (Last, First, Middle Initial)</th>
<th>ID Number (if applicable):</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization:</td>
<td>Address:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Supervisor:</td>
<td></td>
<td>Phone:</td>
</tr>
<tr>
<td>Area Deployed To:</td>
<td>Deployed From:</td>
<td></td>
</tr>
<tr>
<td>Date Departed:</td>
<td>Date Arrived:</td>
<td></td>
</tr>
<tr>
<td>Personal Owned Vehicle:</td>
<td>Year and Make:</td>
<td>License Plate #:</td>
</tr>
<tr>
<td>Driver’s License #:</td>
<td>State of Issue:</td>
<td>Expiration Date:</td>
</tr>
<tr>
<td>Bus Company:</td>
<td>Bus #:</td>
<td></td>
</tr>
<tr>
<td>Airline Name:</td>
<td>Flight #:</td>
<td></td>
</tr>
</tbody>
</table>
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Appendix J: Sample Job Action Sheets

POSITION DESCRIPTIONS, QUALIFICATIONS AND JOB ACTION SHEETS

Volunteer Management System for Public Health and Medical Emergency Response and Recovery

Introduction

Per Incident Command System (ICS) principles, not all functions or positions are staffed individually in all incidents. Staffing decisions are based upon the size, nature, and complexity of the incident. During an event were no functional positions are assigned, the responsibility for accomplishing the function or task is assumed by the supervisory position overseeing that section.

Personnel Surge Capacity

Public Health and Medical Volunteers

Volunteer: A person agreeing to provide a service outside of their usual job position, without additional or specific compensation for this voluntary commitment. This differentiates the “volunteer” from the “professional” responder even if the volunteer’s time is compensated through his/her usual employment and compensation rate

Volunteer Management: Actions required to effectively direct and coordinate all activities related to the processing, integration and oversight of volunteers needed to provide personnel surge.

Volunteer Management System for All Hazards Medical Surge Job Action Sheets

Volunteer Management System (VMS)

The goal of the VMS is the support of the incident response through volunteer management. The VMS provides resources in the form of medical and health personnel to fill human resource needs when resources have been exhausted and mechanisms (e.g. internal avenues such as call-backs or external avenues such as mutual aid) for acquiring adequate surge personnel or for obtaining specific technical needs are in short supply. The VMS, therefore, serves primarily as a logistics element, and so the VMS should be directly integrated into the overall incident management team as a resource sub-function under a larger logistics function. The VMS manager is responsible for the overall, strategic relationship between the VMS and the ICS logistics function where the VMS is assigned.

An incident with demands for public health and medical resources may require specialized volunteers to provide the surge capacity and capability needed for the response. For example, a large number of physicians and nurses may be requested to
assist in a jurisdiction with a very severe health impact. In these situations, the Volunteer Management System (VMS) credentialing and assignment functions may require technical expertise in determining that ICS needs are met by appropriately selected volunteers. It is expected that the Mississippi Responder Management System, which is the state’s Emergency System for Advance Registration of Volunteer Health Professionals, will be used to effectively coordinate, recruit, notify, provide pre-incident screening and verification of credentials, and track deployment of volunteer responders; however, a Volunteer Reception Center (VRC) should be set up to accommodate volunteer processing regardless of whether there is access to the system.

- VMS Manager
- VMS Safety Officer
- VMS Operations Leader
- VMS Registration Supervisor
- VMS Credentials Verification Supervisor
- VMS Assignment Supervisor
- VMS Assignment Briefing Leader
- VMS Deployment and Out-Processing Leader
- VMS Volunteer Recruitment Supervisor
- On-Site Volunteer Coordinator
- VMS Point Of Assembly Leader
Volunteer Management System (VMS)
Job Action Sheet

Volunteer Management System Manager

Reports to: Incident Commander/Manager

Qualifications:
- Operational level of proficiency in Incident Command System (ICS)
- Expert level of proficiency with the Volunteer Management System (VMS)
- Operational level of proficiency with health and medical emergency operations plans and procedures
- Operational level of proficiency for managing health and medical personnel (public health and medical expertise is beneficial)

General Duties:
- Responsible for and provides overall direction for the VMS
- Address all command functions unless another functional command position (public information, safety, senior liaison to outside entities) is staffed by a different individual
- Assume responsibility (Job Action Sheets) for all unassigned positions within the VMS between Management and the next lower staffed position in the VMS organization chart
- Ensure the operational effectiveness of the VMS
- Obtain initial incident information and volunteer staffing needs requested by ICS
- Coordinate VMS activation and Volunteer Reception Center/ Volunteer Point of Assembly (VPOA) site location with ICS; Monitor VMS mobilization
- Review VMS organizational structure, determine the incident-specific VMS activation level and organizational structure, and assign VMS staff positions based on incident parameters; continue until a Planning Section is established
- Participate in all planning cycle meetings
- Assure notification to VMS personnel according to notification procedures
- Set VMS hours of operation
- Establish the overall (control) objectives for each operational period
- Brief VMS staff upon arrival and assignment – assure distribution of job action sheets and associated VMS tools
- Approve the VMS Action Plan for each operational period, and its supporting plans
- Coordinate with MSDH Public Information Officer to develop public information messages
☐ Perform *senior* liaison function as indicated to organizations external to the Volunteer Management System (VMS)
☐ Monitor expenditures, personnel costs, and liability issues; assure adequate funding sources
☐ Assure adequate function of the VMS (monitor VMS response operations in relation to the VMS incident objectives)
☐ Problem-solve as indicated, for problems/issues not addressed through lower VMS processes

**Tools: Provided through Just-In-Time Training**
☐ VMS Notification and Activation Messages
☐ VMS Mobilization Checklist
☐ VMS Initial Event Log
☐ VMS Job Action Sheets
☐ VMS Demobilization and Recovery Checklist
☐ VMS General Message

**1st Operational Period:**
☐ VMS Organizational Chart
☐ VMS Staff Assignment List
☐ VMS Personnel Check-in List
Volunteer Management System (VMS)
Job Action Sheet

Safety Officer

Reports to: VMS Manager

Duties:
☐ Receive the initial brief from the VMS Manager
☐ Prepare the VMS Health and Safety Plan, coordinated with and using information acquired from the Incident Command System (ICS) Safety Officer or by VMS Incident Integration Branch personnel; obtain approval from VMS Manager
☐ Prepare and review the VMS Risk Statement for Volunteers for each operational period, obtain approval from VMS Manager, and distribute to the Registration Supervisor and to the Recruitment Supervisor if active recruitment is needed.
☐ Ensure all VMS leaders receive copies of the Health and Safety Plan and incorporate the plan’s details in their section activities
☐ Monitor VMS operations for continued health and safety compliance
☐ Suspend immediately dangerous activities so that intervention can be accomplished
☐ Notify VMS Manager if unsafe practices are occurring and advise regarding suspension of activities until safety is addressed
☐ Participate in all planning cycle meetings

Tools:
☐ ICS Health and Safety Plan
☐ VMS Risk Statement for Volunteers
☐ VMS General Message
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Volunteer Management System (VMS)
Job Action Sheet

Operations Leader

Reports to: VMS Manager

Qualifications:
- Operational level proficiency in Incident Command System (ICS)
- Operational level of proficiency with the VMS
- Expert level of proficiency in the VMS Operations Section responsibilities
- Operational level of proficiency with health and medical emergency operations plans and procedures

Duties:
- Determines the operations tactics for achieving the VMS objectives
- Oversees all Operations Section activities in the VMS
- Receive briefing from VMS Manager
- Determine Operations section structure (using the VMS pre-plan) and assign positions based on incident parameters – may involve the merging of positions based on assessed needs
- Assign/supervise additional Operations Section personnel as indicated; schedule follow-on shifts
- Provide input to VMS Logistics with input on Volunteer Point of Assembly (VPOA) and Volunteer Reception Center physical set up and supply and equipment needs, if alterations from the pre-plan layout are indicated
- Brief operations staff and ensure all operations staff understand their roles and responsibilities
- Ensure that an initial volunteer processing capability is in place to process early-arriving volunteers and expedite volunteer registration
- Ensure coordination between Volunteer Processing and Volunteer Integration to assure that incident volunteer needs are adequately met
- Volunteer Integration addresses the following tactical considerations:
  - Volunteer collection methods and site for the VPOA
  - Registration tactics, such as data collection methods and the configuration of registration streams
  - Identity confirmation and credentials verification strategy and tactics
  - Volunteer roster categories
  - Available position categories
  - Badging methods
Transportation of volunteers, or assuring that they have self-transported and arrived
Volunteer tracking methods to maintain accountability for deployed volunteers
On-site coordinator - assignment for VMS or ICS
Volunteer recruitment strategy and tactics

Monitor the operations of Volunteer Processing Branch and Incident Integration Branch. Key issues to assess:
- Review the Situation Report to determine whether ICS requests are being adequately met

Monitor VMC and VMS logistical needs for ongoing VMS operations and relay issues to VMS Logistics as necessary
Participate in all planning cycle meetings

Tools:
- VMS General Message
Volunteer Management System (VMS)
Job Action Sheet

Processing Leader

Reports to: VMS Manager

Qualifications:
- Operational level proficiency in Incident Command System (ICS)
- Operational level proficiency with the VMS
- Expert level of proficiency in the VMS Volunteer Processing Branch responsibilities
- Awareness level proficiency with health and medical emergency operations plans and procedures

Duties:
- Coordinates and oversees the management of the Volunteer Processing Branch of the VMS Operations Section
- Receive brief from VMS Operations Leader
- Assign and oversee personnel for VMS volunteer processing positions – Registration Supervisor, Volunteer Point of Assembly (VPOA) Leader, Credential Verification Supervisor, Assignment Supervisor, Assignment Briefing Leader, Deployment and Out-processing Leader, and Volunteer Recruitment Supervisor as indicated by incident parameters
- Coordinate with VMS Operations Leader for incident specific tactical changes to the pre-plan volunteer processing layout and procedures (different processing streams, specific qualifications to meet incident needs etc. – see Job Action Sheet for VMS Operations Leader)
- Maintain communication with Safety Officer to obtain incident volunteer needs
- Monitor VMS volunteer processing functions and adjust staffing, layout, and procedures to attain optimal effectiveness

Tools:
- VMS General Message
- VMS Health and Safety Plan
- VMS Communication Plan
Volunteer Management System (VMS)
Job Action Sheet

Registration Supervisor

Reports to: VMS Manager

Qualifications:
☐ Awareness level proficiency in Incident Command System (ICS)
☐ Operational level proficiency with the Volunteer Processing Branch procedures of the VMS
☐ Awareness level proficiency for the overall VMS

Duties:
☐ Oversees the Volunteer Point of Assembly (VPOA) Leader
☐ Oversees all volunteer registration activities
☐ Ensure that the VPOA is functioning; Supervise the VPOA Leader
☐ Supervise any assigned registration workers
☐ Review Volunteer Registration and Credentials and ensure that professional classifications, job categories, and medical skills reflect the categorization of volunteers indicated for the type of incident; revise as indicated prior to distribution
☐ Ensure that all the forms required for volunteer registration are provided to the volunteer
☐ Ensure that all the forms required for volunteer registration have been completed by the volunteer
☐ Assign a volunteer identification number to each volunteer
☐ Sign each Volunteer Process Checklist where appropriate when registration for the volunteer is complete
☐ Direct volunteers to credentialing station after they complete their registration

Tools:
☐ Orientation and Acknowledgement of Responsibilities
☐ Volunteer Registration and Credentials Form
☐ VMS Public Health and Medical Risk Statement
☐ Release of Information Form
☐ Volunteer Process Checklist
☐ MRMS administrative access
Volunteer Management System (VMS)
Job Action Sheet

Volunteer Point of Assembly (VPOA) Leader

Reports to: VMS Registration Supervisor

Qualifications:
- Awareness level proficiency of the VMS
- Awareness level proficiency of the VMS registration process
- Operational level of proficiency in answering potential volunteers’ questions about the VMS

Duties:
- Collects the potential volunteers and organizes them for registration
- Provides potential volunteers with a Volunteer orientation via written instrument
- Greet, direct and organize volunteers as they arrive, and conduct other actions to facilitate the registration process
- Provide volunteers with the Orientation and Acknowledgement of Responsibilities Form (VMS P1) and the Public Health Risk Statement
- Explain registration process as needed
- Respond to questions about the VMS
- Send volunteers bringing donations to appropriate location and direct the media and others to appropriate VMS personnel

Tools:
- Orientation and Acknowledgement of Responsibilities
- VMS Public Health and Medical Risk Statement or the ICS Public Health and Medical Risk Statement (preferred)
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Volunteer Management System (VMS)
Job Action Sheet

VMS Credentials Verification Supervisor

Reports to: VMS Processing Leader

Qualifications:

☐ Operational level proficiency in the identification and credential verification procedures for the VMS
☐ Experience in public health or medical staff credentialing or access to a position within the VMS with credentialing expertise, and the ability to apply this expertise

Duties:

☐ Verifies identification and confirms credentials by professional classification as listed on the registration form
☐ Rosters volunteers according to functional capability categories indicated for the incident (i.e. a volunteer is placed into a category indicating the professional category, job qualifications, level of supervision indicated, and specific job competencies based on credential verification)
☐ Supervise workers assigned to credentials verification activities
☐ Examine each volunteer’s government issued photo ID and confirm the volunteer’s identity
☐ Obtain copy of the prospective volunteer’s credentials and certifications from VMS registration
☐ Verify credentials/certifications/licenses using the established credentialing verification procedures
☐ Roster volunteer, using the roster categories for the incident type (from a pre-plan), according to the confirmed credentials/qualifications and level verified. The roster categories reflect both qualifications and the level of supervision indicated during assignment; the roster categories are delineated as “Professional Classification,” the “Job Category,” then “Functional Characteristics” and, finally, specific and general “job competencies.”
☐ Complete “credential verification” portion of the Volunteer Registration and Credentials Form (VMS O8)
☐ Complete “functional characteristics” portion of the Volunteer Registration and Credentials Form, and add additional “medical skills” to this section if indicated by the type of incident.
Transfer completed and confirmed data to Assignment Supervisor and direct volunteer to Assignment Desk for evaluation and potential matching to an incident assignment. Complete credential verification portion of Volunteer Process Checklist.

**Tools:**
- Volunteer Process Checklist
- Volunteer Registration and Credentials Form
- MRMS administrative access
- VMS General Message
Volunteer Management System (VMS)
Job Action Sheet

VMS Assignment Supervisor

Reports to: VMS Volunteer Processing Leader

Qualifications:
- Operational level of proficiency in Incident Command System (ICS)
- Operational level of proficiency in the VMS Operations Section
- Expert level of proficiency in interpreting position requirements for requested positions and matching them with rostered volunteers (or the ability to access this proficiency and apply the recommendations)
- Experience in public health or medical staffing is beneficial
- Awareness level of proficiency in public health and medical operations and an awareness level of proficiency of position qualification necessary within public health and medical operational areas

Duties:
- Match rostered volunteers with ICS requests and make assignments
- Supervise the Assignment Briefing Leader
- Supervise Deployment and Out-Processing Leader
- Supervise personnel working in the Volunteer Assignment area
- Coordinate with Incident Integration Branch personnel to understand the professional classification, job categories, functional characteristics and job/language competencies required for requested positions
- Identify qualified and credentialed volunteer applicants that match requested positions
- Conduct rapid volunteer interview, if indicated, to evaluate candidates for specialized assignments
- Match the volunteers with appropriate assignments
- Schedule matched volunteers according to current and future incident needs (using the Volunteer Position Requests Form; document volunteers scheduled for future shifts for notification purposes; fill in Volunteer Assignment Slip for each assignment)
- Review the match with each volunteer and obtain acceptance of assignment by the volunteer; provide assigned volunteers with completed Volunteer Assignment Slip (VMS P6) - these are now “rostered and assigned volunteers”
Complete the portion of the VMS Equipment Issue and Return Form indicating the equipment and supplies to be issued for the assigned volunteer; forward equipment issue form to Assignment Briefing Leader.

Provide rostered yet unassigned and or unscheduled volunteers with Volunteers Awaiting Assignments (VMS O14) sheet; designate them as “rostered and staged” if assignments are anticipated, or otherwise as “rostered and released” for call-back if needed.

Forward copy of assignment information to the Volunteer Tracking Supervisor.

Complete assignment portion of Volunteer Process Checklist.

Supervise Assignment Briefing Leader and ensure that current information is available to them to conduct the volunteer assignment briefing.

Supervise Deployment and Out-Processing Leader.

Assure that reminder notifications are sent to volunteers scheduled for future shifts.

Review past Volunteer Performance Evaluations prior to reassigning any volunteer.

Direct “assigned” volunteers to the Assignment Briefing area, “rostered and staged” to a waiting area, and “rostered and released” to the VMC exits.

**Tools:**

- Volunteer Assignment Slip
- Volunteers Awaiting Assignments
- VMS Equipment Issue and Return Form
- Volunteer Process Checklist
- Volunteer Registration and Credentials Form
- MRMS administrative access
- VMS General Message
Volunteer Management System (VMS)
Job Action Sheet

VMS Assignment Briefing Leader

Reports to: VMS Assignment Supervisor

Qualifications:
- Operational level of proficiency in Incident Command System (ICS)
- Operational level of proficiency in the VMS Operations Section
- Operational level of proficiency in any personal protection or other equipment/skills that may be taught or confirmed during the Assignment Briefing sessions
- Operational level of expertise in developing and conducting the Assignment Briefings from pre-plans and incident-specific information
- Medical and health expertise adequate for briefing about the medical and public health assignments

Duties:
- Provides assignment briefing, provides indicated equipment/supplies, and assures adequate just-in-time training to assigned volunteers
- Create and provide an assignment briefing using VMS Assignment Briefing Template, coordinating with the Incident Integration Branch personnel to obtain incident and assignment-specific information
- Continuously assure that the information used for volunteer orientation and assignment briefings is current and consistent with ICS staff briefings
- Coordinate with VMS Logistics to dispense equipment and supplies that have been listed in the VMS Equipment Issue and Return Form for each volunteer (filled in by the Assignment Supervisor when assignment is made); instruct on the use of issued equipment/supplies and indicated procedures and assure operational level of proficiency by the trainees; forward to Deployment and Out-processing Leader.
- Ensure completion of Assignment Briefing Template
- Complete Assignment Brief and Equipment Issue portion of Volunteer Process Checklist
- File Assignment Briefing Template with Planning Section
- Transmit the VMS Equipment Issue and Return Form to the Deployment and Out-processing Leader
- Direct briefed volunteer to the Deployment and Out-processing area
Tools:
- VMS Assignment Briefing Template
- VMS Equipment Issue and Return Form
- Volunteer Process Checklist
- VMS General Message
- Volunteer Assignment Slip
- MRMS administrative access
Volunteer Management System (VMS)
Job Action Sheet

VMS Deployment and Out-processing Leader

Reports to: VMS Manager

Qualifications:
- Operational level of proficiency in Incident Command System (ICS)
- Operational level of proficiency in VMS Volunteer Processing
- Awareness level of proficiency understanding the ICS positions to which the volunteers are assigned

Duties:
- Assures the volunteer is fully processed before being deployed to an incident assignment, then directs the volunteer to transportation resources if indicated
- Provides for the deployment, out-processing and rehabilitation services needed for assigned and deployed volunteers

Deployment
- Ensure that a volunteer transport method is available, if indicated, coordinating with VMS Logistics Section
- Obtain names of volunteers being deployed
- Provide appropriate site access privilege badge to fully processed volunteers if directed by ICS Logistics; instruct volunteers on the need to wear the badge at all times
- Review each Volunteer's Process Checklist; ensure all required process steps are complete
- Direct “deployed” volunteers to the transportation staging area for deploying volunteers

Out-processing
- Obtain names of volunteers being out-processed from Assigned Volunteer Scheduling and Tracking Form for volunteer files
- Follow actions outlined in the Out-processing/Rehabilitation Checklist
- Collect issued equipment; complete VMS Equipment Issue and Return Form
- Collect site badge if not already accomplished at the work site
- Provide and collect Volunteer Feedback Form, transmit to Planning Section
- Provide Exposure Form if indicated
- Provide volunteer with information on counseling and medical follow-up if needed
- Provide directions for volunteer to attend After Action Review as indicated
☐ Forward volunteer out-processing information to Volunteer Tracking Supervisor
☐ Provide volunteer with Receipt of Volunteerism noting assignment and hours
☐ Refer available, willing and appropriate volunteers for re-assignment
☐ Complete Volunteer Process Checklist and refer or release volunteer
☐ Send volunteer’s file to Plans Section for archiving when complete and volunteer is released

**Tools:**
☐ Out-processing/Rehabilitation Guide
☐ Equipment Issue and Return Form
☐ Exposure Form
☐ Volunteer Feedback Form
☐ Receipt of Volunteerism
☐ Volunteer Process Checklist
☐ VMS General Message
☐ MRMS
Volunteer Management System (VMS)
Job Action Sheet

VMS Volunteer Recruitment Supervisor

Reports to: VMS Manager

Qualifications:
- Awareness level of proficiency in Incident Command System (ICS)
- Operational level of proficiency in VMS
- Operational level of proficiency in public information messages
  (Communications/media experience or training is beneficial)

Duties:
- Responsible for the recruitment of additional volunteers to ensure an adequate supply of qualified volunteers are available to the labor pool
- Develops draft messages for volunteer recruitment, including notice when no further volunteers are needed
- Coordinates message development and release with the ICS Public Information Officer
- Obtain briefing from the VMS Volunteer Processing Branch Director or the VMS Operations Section Chief, depending upon the VMS configuration
- Establish communication/relationship with the ICS Public Information Officer (PIO), keeping the VMS manager involved in all message development
- Review the Situation Report and Volunteer Position Requests to assist in the development of a needs-based volunteer recruitment strategy specific to the incident
- Develop public announcement of the activation of the VMS, location of the VPOA, and details for potential volunteers (what to bring, what to expect, etc.) to be included in the Volunteer Recruitment Request Process
- Review risk, liability and compensation statements and include appropriate information in recruitment messages
- Notify pre-registered volunteers and volunteer organizations when indicated, using the template of Notification Messages for Pre-registered Volunteer
- If volunteers are not needed, or the volunteer assistance needs have changed, provide appropriate “no need” or “new need” messages in coordination with the ICS PIO
- Coordinate and disseminate recruitment messages through the ICS PIO, after they have been approved by the VMS Manager
Tools:

- Volunteer Recruitment Request Process/Template
- Notification Messages for Pre-registered Volunteer
- VMS General Message
Volunteer Management System (VMS)
Job Action Sheet

On-site Volunteer Coordinator

Reports to: VMS Manager

Qualifications:
- Operational level proficiency with Incident Command System (ICS)
- Operational level of proficiency with VMS
- Operational level of organizational skills and good interactive skills (human resources experience is beneficial)
- MRMS

Duties:
- Reports to the VMS Incident Integration Branch Director for primary duties
- Facilitates information exchange between the incident work site and the VMS Incident Integration Branch (see VMS Incident Integration Branch Director position description and job action sheet)
- Responsible for assisting with receiving and out-processing volunteers at their incident work sites if tasked by Volunteer Processing Branch
- Receive briefing from VMS Incident Integration Branch Director
- Receive briefing from on-site senior ICS supervisor
- Assist the Incident Integration Branch Director in obtaining information on positions available for volunteer staffing
- Obtain volunteer assignments from VMS Incident Integration Branch
- Maintain a record of assigned volunteers deployed to sites and contact information for tracking, transmit to VMS Volunteer Tracking Supervisor
- Greet and assist volunteers with sign-in and badging (if not already accomplished)
- Facilitate introduction to assigned supervisors for on-site orientation, assure volunteers receive a specific task briefing from their ICS supervisors
- Assist with management of on-site volunteers
- Report the following information to the VMS Incident Integration Branch Volunteer Tracking Supervisor:
  - arrival of volunteers at each shift
  - delivery of appropriate job-specific briefing
  - time and date of assignment completion
  - any change in volunteer location
☐ Assist in orientating ICS staff involved with volunteers to the VMS operational procedures
☐ Provide ICS supervisors with Volunteer Performance Evaluation Form
☐ Transmit completed Volunteer Performance Evaluation Form to VMS Deployment and Out-processing Leader; notify them if volunteer’s evaluation negates reassignment
☐ Assist with the re-assignment of volunteers if accomplished at the initial incident work site (coordinate with VMS Assignment Supervisor)
☐ Facilitate information exchange between the volunteer deployment site and the Incident Integration Branch Director for potential positions and other incident information
☐ Access the ‘Trouble Desk’ Supervisor for any significant issues involving volunteers
☐ Provide Volunteer Out-processing functions if assigned by VMS (see VMS Deployment and Out-processing Leader Job Action Sheet)

**Tools:**
☐ Volunteer Performance Evaluation Tool
☐ VMS General Message
☐ MRMS
VOLUNTEER RECEPTION CENTER JOB ACTION SHEETS

What is a Volunteer Reception Center?

Volunteer Reception Center (VRC). The VRC is activated following a major disaster when local resources to manage volunteers are overwhelmed. The VRC serves as a centralized location for both volunteers and people or agencies needing volunteer assistance. The VRC connects individuals or groups desiring to help with the locations in need of assistance. During times of disaster, large numbers of untrained volunteers with little or no connection to disaster relief agencies come forward to help. These spontaneous unaffiliated volunteers, also called convergent volunteers because they often converge at the scene of a disaster, can actually become a hindrance unless there is a designated place where their time and talents are efficiently linked with disaster relief and recovery efforts.

When would the Volunteer Reception Center be activated?

The VRC will be activated immediately following a major disaster, typically 12 to 72 hours following a disaster. The decision to open a VRC is made by the local Office of Emergency Preparedness in collaboration with the local Volunteer Center or other lead nonprofit or faith-based organization.

What are the locations for the VRCs?

The location will depend on the area or areas affected by the disaster. A VRC is more of a concept and system than a location.

Volunteer Reception Center Job Action Sheets

- VRC Director
- Data Entry
- Greeters
- Host/Hostess
- Identification Coordinator
- Interviewer
- Master Data Coordinator
- Notification/Scheduling Team Leader
- Phone Bank Staff
- Runners
- Safety Trainer
- Shift Manager
Volunteer Reception Center (VRC)
Job Action Sheet

VRC Director

Reports to: Incident Commander/Manager

Qualifications:
- Knowledgeable about all aspects of the Volunteer Reception Center including all of the various position titles.
- Management experience and effectively be able to run the entire Volunteer Reception Center.

Duties:
- Clearly identify one entrance and one exit
- Set up the room for efficient flow of volunteers and information
- Brief and assign tasks to staff and volunteers of the VRC
- Monitor the operation and make necessary adjustments
- Maintain all records of safety and job training provided to volunteers, and hours worked in the VRC by employees and volunteers
- Maintain records of expenditures
- Resolve challenges as they arise

Training:
- Training in each of the VRC positions prior to activation.
- Previous supervisory and management training experience preferred.
Volunteer Reception Center (VRC)
Job Action Sheet

Data Entry

Reports to: VRC Director

Qualifications:
☐ Be comfortable with computers and ability to enter information into a database.
☐ Knowledge of Mississippi Responder Management System (MRMS) preferred.

Duties:
☐ Enter the information from the Volunteer Registration and Request for Volunteers forms into the database
☐ Entering referrals recorded on the request forms
☐ Close out the completed requests
☐ Print updated lists of the unfilled requests
☐ Distribute copies of filled/unfilled requests
☐ Report computer and software problems
Volunteer Reception Center (VRC)
Job Action Sheet

Greeters

Reports to: VRC Director

Qualifications:
☐ Have a friendly demeanor and be able to approach people and talk with them

Duties:
☐ Greet people with a friendly and firm demeanor
☐ Determine the purpose of their visit and direct them accordingly.
☐ Disseminate Volunteer Instructions sheets and registration forms.
☐ Direct media personnel to the Volunteer Center Director or the Public Information Officer.
☐ Refer disaster survivors to the appropriate organizations
☐ Refer donations to the appropriate
Volunteer Reception Center (VRC)
Job Action Sheet

Host/Hostess

Reports to: VRC Director

Qualifications:
- Knowledgeable about all aspects of the Volunteer Reception Center
- Pleasant attitude.

Duties:
- Provide congenial hospitality to all who enter the Volunteer Reception Center.
- Set up area for coffee, water, juice and snacks where volunteers can help themselves.
- Provide and offer on a cart coffee, water, juice and snacks to volunteers as they are filling out their paperwork and waiting to be interviewed.
- Replenish supplies with sugar, creamer, napkins, etc. as they are running low and ensure that bathrooms are stocked with paper towels and toilet paper.
- Be available to inform volunteers of the locations of the restrooms and to answer any simple questions they may have, i.e., how much longer do I have to wait? etc.
- Have a pleasant attitude and be willing to help at all times
Volunteer Reception Center (VRC)  
Job Action Sheet

Identification Coordinator

Reports to: VRC Director

Qualifications:
☐ Ability to write clearly

Duties:
☐ Ask the volunteer for his/her Referral form.
☐ If they have not been referred, ask them to please wait in the sitting area in the center of the room.
☐ Clearly write on the white portion of an ID wristband the name of the volunteer, dates he/she will be working, and the name of the agency to which the volunteer was referred, as shown on their Referral form.
☐ Place the ID wristband securely on the volunteer’s wrist.
Volunteer Reception Center (VRC)
Job Action Sheet

Interviewer

Reports to: VRC Director

Qualifications:
- Good communication skills
- Ability to interview people

Duties:
- Interview of the prospective volunteer
- Refer them to an agency appropriate to his abilities and interests.
- Ask for his/her registration form.
- Verify registration form completeness and accuracy
- Check a photo picture ID to verify identity
- File registration forms
- Transfer volunteer with their Referral Form to Data Coordination
Volunteer Reception Center (VRC)
Job Action Sheet

Master Data Coordinator

Reports to: VRC Director

Qualifications:
- Knowledgeable about all aspects of the Volunteer Reception Center
- Needs to possess good communication
- Organizational skills
- Computer skills

Duties:
- Match the Referral Forms to the Requests
- Close out the Requests when they have been filled or are no longer needed
- Contact to clarify the agency’s Request; when you speak with an agency contact, record the information on the Request form in the section called Follow-up Contacts with Requesting Agency.

Volunteers
- Enter volunteer’s name and the date of the referral on the Request form to which he was referred
- Call and confirm who or how many volunteers have been referred
- Enter the date and reason the request was closed (completed, no longer needed, etc.) at the bottom of the Request form.
- Place open Requests in one file and closed Requests in the other, in either numerical order or alphabetically by agency.

Computer access:
- Ensure the information from the phone bank is being entered by the data entry person.
- Ensure the database is updated when volunteer positions are filled.
- Ensure smooth communication between data entry and volunteer coordinators.

No computer access
- Receive agency information from the phone bank and/or runner.
- Ensure runner hand writes the agency information on the master board for the Interviewers.
- If the runner is too busy, once the Interviewers fill a position at an agency, the Interviewer will give you the volunteer’s application. You will see where the
volunteer was referred and mark off on the master board that the position was filled
☐ Remove the agency from the master board once all volunteer positions have been filled.
☐ Give the volunteer’s application to the runner to give to the data entry person.
☐ Ensure all activity is documented and entered into the database
Volunteer Reception Center (VRC)
Job Action Sheet

Notification/Scheduling Team Member

Reports to: VRC Director

Qualifications:
- ☐ Good phone skills
- ☐ Communication skills.

Duties:
- ☐ Initiate the phone tree and notify team members the Volunteer Reception Center has been activated, where it will be located, and when it will be opened.
- ☐ Gather information on who can volunteer and times available
- ☐ Develop a schedule for the volunteers
- ☐ Obtain refreshments for the VRC
Volunteer Reception Center (VRC)
Job Action Sheet

Phone Bank Staff

Reports to: VRC Director

Qualifications:
☐ Good communication skills
☐ Phone skills
☐ Record skills

Duties:
☐ Answer telephones
☐ Completing Request for Volunteers form while you are speaking with the agency caller.
☐ Entering the needs into a database
☐ Post inquiries
☐ Return e-mails or calls concerning volunteer information/assignments
Volunteer Reception Center (VRC)
Job Action Sheet

Runner

Reports to: VRC Director

Qualifications:
- ☐ Knowledge of Volunteer Reception Center

Duties:
- ☐ Transfer forms between stations
- ☐ Restock needed supplies
- ☐ Escort volunteers
- ☐ Post Volunteer Requests to appropriate boards
Volunteer Reception Center (VRC)
Job Action Sheet

Safety Trainer

Reports to: VRC Director

Qualifications:
- □ Good communication skills
- □ Knowledge about relevant safety issues

Duties:
- □ Conduct safety briefings
- □ File attendance forms
- □ Update safety training as necessary
Volunteer Reception Center (VRC)
Job Action Sheet

Shift Manager

Reports to: VRC Director

Qualifications:
☐ Knowledge of all aspect of Volunteer Reception center
☐ Good communication skills
☐ Management experience

Duties:
☐ Oversee the operation of the Volunteer Reception Center
☐ Set up the room for efficient flow of volunteers and information
☐ Brief and assign tasks to staff and volunteers of the VRC
☐ Monitor the operation and make necessary adjustments
☐ Resolve challenges as they arise
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Volunteer Reception Center (VRC)  
Job Action Sheet

Reports to: Incident Commander/Manager

Duties:

General
- Secure and open the facility for the VRC.
- Manage VRC set-up, operations and demobilization.
- Request staffing and other resources for VRC operations.
- Assign and supervise lead VRC staff.
- Coordinate press inquiries regarding volunteers with jurisdiction’s Public Information Officer.
- Maintain close communications with the Emergency Operations Center’s (EOC) Volunteer Management Coordinator.

Activation Phase
- Identify yourself as the VRC Manager by putting on the identification badge with your title.
- Initiate an event log of activities, beginning with notification of the emergency.
- Choose a site for the VRC; a large indoor room with tables and chairs is ideal.
- Verify that the structural integrity of the building has been determined by the EOC. Request a site inspection from the EOC if necessary.
- Determine if power, phone service, and water are available.
- Request EOC’s Safety Officer to ensure a safe, secure, and sanitary site.
- Request needed resources from EOC, including food and water for staff, phone lines and/or electronic communications equipment, and assignment of amateur radio operator backup to Emergency Volunteer Center if phone lines are down.
- Obtain VRC Supply Kit.
- Arrange room to allow for foot traffic; establish waiting area near Reception Station.
- Designate stations; clearly mark signs for each station.
- Post VRC signs in visible locations on the outside of the building.
- Designate a separate area or room for training and orientation, if possible.
- Establish mode of communication with the EOC. If you will be using the jurisdiction’s registered radio amateur unit, ensure that enough operators are assigned to cover all shifts for the entire time of operations. Utilize early
volunteers as runners to deliver messages to the Emergency Operations Center (EOC), if necessary.

☐ Maintain all required records and documentation to support the history of the emergency.

Operational Phase

☐ Determine staffing levels. If possible assign at least two people to each station and more if necessary. When assigning more than one person to a station, designate a lead staff to be in charge.

☐ Note that Safety Officer and Training Officer in most cases are not full-time jobs and can be assigned to other staff.

☐ Forecast personnel needs and request extra staff if needed.

☐ Assign early volunteers to provide refreshments and support in the waiting area near Reception Station.

☐ Determine hours of operation for the public.

☐ Set staffing shifts. The recommended maximum shift for any employee or volunteer is eight hours. Decisions regarding overtime work (beyond 8 hours a day or 40 hours per week) for jurisdiction employees should be coordinated with personnel in the Logistics Section of the EOC.

☐ Plan breaks according to jurisdiction guidelines.

☐ Schedule brief meetings at beginning and end of day before/after opening the doors to the public to address operational issues and update staff on disaster situation.

☐ Overlap shifts to help with the transition of information and updates at each station.

☐ Frequently rotate staff through the most stressful positions, e.g., receptionist.

☐ If at all possible, designate a break/rest area away from the public to provide a resting area for staff, with water and healthy foods if possible.

☐ Encourage Emergency Volunteer Center staff to monitor stress levels, watch for burnout, and promote breaks among one another whenever possible.

Demobilization Phase

☐ Ensure that the Demobilization Plan for the Volunteers is complete, approved by Command Staff, and distributed.

☐ Remove Emergency Volunteer Reception Center signs from all locations inside and outside of the building.

☐ Terminate communications with the EOC.

☐ Submit all required records and documentation to the Volunteer Coordinator.
Volunteer Reception Center (VRC)
Job Action Sheet

Volunteer Manager

Reports to: VRC Manager

Duties:

Activation Phase

☐ Review common responsibilities (Sign in, documentation)
☐ Obtain a briefing from Command Staff.
☐ Manage the deployment of volunteers through direct written tasking from the Incident Command/Unified Command through the Incident Action Plan.
☐ Coordinate with the Resource Unit and directly with Planning and Operations Section Chiefs, as appropriate to identify specific volunteer positions and any necessary skills and training needs.
☐ Assign subordinates to maintain proper span of control.
☐ If required, establish a VRC to manage unaffiliated and/or affiliated volunteer recruitment, registration, orientation, and training.
☐ Coordinate with other VRC ers established by other local emergency management, state/local agencies, and other organizations.
☐ Develop overarching supplemental strategic guidance to address volunteer issues.
☐ Manage internal assignment and management of volunteers, including unaffiliated volunteers.
☐ Coordinate with the Incident Command/Unified Command concerning any potential need to establish a separate Volunteer Management Unit in the Planning Section.

Operational Phase

☐ Ensure that position logs and other necessary files are maintained.
☐ Ensure that unaffiliated volunteers are appropriately trained, assigned, and incorporated into the response and that affiliated organizations are folded into appropriate Incident Command System (ICS) locations.
☐ Ensure that VRC, or appropriate elements of the command structure, are developing health and safety messaging for volunteers.
Ensure that volunteers receive necessary training through a local emergency volunteer center (if established) and/or the Incident Command/Unified Command by activating training contractors or having other appropriately qualified Incident Command Post staff provide training.

Ensure that all volunteers have the appropriate training and Personal Protective Equipment for their assignments, and that they are tracked within the ICS.

Ensure that volunteer injuries and illnesses are tracked and documented by the Safety Officer.

Coordinate with the Joint Information Center to advise the public of the incident particulars, such as: scheduled volunteer information sessions, including, but not limited to: where/how to register volunteer interest; whether volunteers are needed; and the specific roles for volunteers (what they can and cannot do during that specific response).

Coordinate with the Logistics Section on the logistical needs for volunteers and their management, as appropriate for the scope of the authorities being used to accept volunteers.

Work with the Liaison Officer to facilitate meetings among other federal, state, and local agencies providing volunteer leadership.

Maintain Unit/Activity Log (ICS 214 Form)

As requested by the Operations Section Chief, Planning Section Chief/Resource Unit Leader, assist in completing Incident Command System 204 Forms for volunteer resource assignments.

Demobilization Phase

Participate in demobilization session prior to demobilization.

Develop a situation report regarding volunteers, including the following:
  - Total number of contributing organizations
  - Total number of volunteers per organization
  - Total number of volunteers among all contributing organizations
  - Total number of unaffiliated volunteers, as applicable
  - Summarize volunteer accomplishments per reporting period
  - List volunteer roles filled and number of volunteers trained

Ensure that the Demobilization Plan for the Volunteer Reception Center is complete, approved by Command Staff, and distributed.

Provide volunteer debriefings, as appropriate, and recognition of services at the conclusion of the response.

Ensure volunteers have adequate rest before they are released.
Volunteer Reception Center (VRC)
Job Action Sheet

Greeter

Reports to: VRC Manager

Duties:

Activation Phase

☐ Review your job action checklist and check off tasks as they are completed.
☐ Sign in, obtain credentialing, and wear or display the appropriate identification.
☐ Attend overall staff briefing from VRC manager.
☐ Receive assignment-specific briefing from your supervisor.
☐ Familiarize self with clinic layout and process.
☐ Familiarize self with disease signs and symptoms.
☐ Familiarize self with protocol for calling security.

Operational Phase

☐ Greet public as they approach and direct them to Triage.
☐ Orient public to the process (stations).
☐ Answer basic questions.
☐ Identify individuals with language barriers and notify translators.
☐ Identify individuals who may require medical or behavioral health consultation and direct them to Triage (notify Triage if dealing with communicable disease).
☐ Hand out registration forms.
☐ Brief incoming shift replacement.
☐ Sign out from shift.

Demobilization Phase

☐ Assist with the teardown and re-packing of the assigned area.
☐ Identify issues for After Action Report/Improvement Plan.
☐ Participate in de-briefing.
Volunteer Reception Center (VRC)
Job Action Sheet

Forms Collector

Reports to: VRC Manager

Duties:

Activation Phase

☐ Review your job action checklist and check off tasks as they are completed.
☐ Sign in shift, obtain credentialing, and wear or display the appropriate identification.
☐ Attend overall staff briefing from VRC Manager.
☐ Receive assignment-specific briefing from your supervisor.
☐ Familiarize self with clinic layout and process.
☐ Familiarize self with all forms.
☐ Familiarize self with data entry location.

Operational Phase

☐ Collect all forms from clients as they exit the site.
☐ Ensure that all forms are completed and legible with signatures.
☐ Check registration form for labels and make sure there is agreement between labels/forms.
☐ Answer any last minute questions that clients may have and provide follow-up/educational materials.
☐ Note departure time.
☐ Direct clients to the exit.
☐ Brief incoming shift replacement.
☐ Sign out from shift.

Demobilization Phase

☐ Assist with the teardown and re-packing of the assigned area.
☐ Ensure all forms have been turned in to the Patient Care supervisor (if no data entry personnel available).
☐ Identify issues for After Action Report/Improvement Plan.
☐ Participate in de-briefing.
Volunteer Reception Center (VRC)
Job Action Sheet

Triage Technician

Reports to: VRC Manager

Duties:

Activation Phase

☐ Review your job action checklist and check off tasks as they are completed.
☐ Sign in and wear or display the appropriate identification.
☐ Attend overall staff briefing from VRC Manager.
☐ Receive assignment-specific briefing from your supervisor.
☐ Familiarize self with clinic layout and process.
☐ Familiarize self with disease signs and symptoms and educational materials.

Operational Phase

☐ Evaluate people and direct them into proper areas for treatment.
☐ Assess individuals who appear ill and divert them from the line.
☐ Assign an escort to take appropriate individuals to Medical Screening.
☐ Assess need for immediate transport versus travel with family to receiving facility.
☐ Identify individuals with language barriers and notify translators.
☐ Identify individuals who will need physical assistance and divert to area for assistance.
☐ Identify individuals who will need behavioral health consultation and have them escorted to the appropriate treatment area.
☐ Brief incoming shift replacement.
☐ Sign out from shift.

Demobilization Phase

☐ Assist with the teardown and re-packing of the assigned area.
☐ Ensure that all collected paperwork associated with this area is turned into administration.
☐ Identify issues for After Action Report/Improvement Plan.
☐ Participate in de-briefing.
Appendix K: Record of Emergency Data

<table>
<thead>
<tr>
<th>RECORD OF EMERGENCY DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Home/Cell Phone:</td>
</tr>
<tr>
<td>Religious Preference:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Emergency Contact Person:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Remarks:</td>
</tr>
</tbody>
</table>

I certify that the information that I have provided is true and correct to the best of my knowledge.

Signature:               Date:
Appendix L: Physical Requirements and Vaccinations

PHYSICAL REQUIREMENTS/RECOMMENDED VACCINATIONS
PRIOR TO DEPLOYMENT

Physical Requirements

The physical requirements for individuals being deployed to disasters or emergencies under the Mississippi Responder Management System (MRMS) will be based on the functional requirements of the job to be performed and the conditions in which you will perform those functions. Volunteers selected for a MRMS assignment must be physically capable to perform the duties for which they are selected and current in their vaccination status.

Recommended Vaccinations

Specific additional vaccinations may be necessary for the area you are deploying to and the conditions present there at the time of deployment. Before you leave, check with your doctor about your immunization status. The Centers for Disease Control and Prevention offers the following recommendations:

- The following immunizations (or proof of immunity to disease) are recommended for healthcare workers:
  - **Tetanus/diphtheria/pertussis (Tdap) booster** every 10 years (every 5 years if deploying)
  - **Hepatitis B vaccine**, a complete 3-dose series
  - **Measles, Mumps, Rubella (MMR) vaccine**, 2 doses spaced at least one month apart or proof of immunity (positive titers)
  - **Varicella vaccine** or immunity to disease (history, or positive titer). Two dose vaccine series for adults
  - **Influenza vaccine**, injection; or nasal vaccine appropriate for most healthcare workers (seasonal availability)

- Under certain circumstances these vaccines may be advisable:
  - **Hepatitis A vaccine**, a 2-dose series. First dose confers immunity for at least a year two weeks to one month after the first dose.
  - **Immune Globulin** can be administered as prophylaxis if immunity is needed on short notice.
  - **Meningococcal vaccine**. College students and military recruits receive the vaccine to prevent outbreaks that are more common in adolescent age groups and persons living in close quarters. *Menactra* is a new conjugate vaccine for immunization against 4 disease serotypes. One dose is good for at least three years.
- **Pneumococcal vaccine** is recommended for persons under 65 years or with health conditions that affect pulmonary immune systems, such as diabetes, AIDS, renal dysfunction, chronic lung diseases.

- **Other Considerations:**

  - **Traveler's Diarrhea:** Altered sanitation conditions could increase risks of traveler's diarrhea. You may want to contact your doctor for a prescription of Ciprofloxacin or Rifaximin to have on hand for treatment of severe diarrhea. Pepto Bismol or bismuth containing compounds, antimotility agents (such as Imodium), and/or rehydration preparations are useful to have available for treatment. Persistent diarrhea not responding to Ciprofloxacin may be from protozoa, which require treatment with medications such as metronidazole (Flagyl) and iodoquinol. The Centers for Disease Control and Prevention website has excellent guidance on food and water safety recommendations ([http://www.cdc.gov/travel/foodwater.htm](http://www.cdc.gov/travel/foodwater.htm)).

- **CDC Recommendations for Insect Repellants:**

  - **DEET:** U.S. Environmental Protections Agency (EPA) registered repellants include DEET (N, N-diethylmetatoluamide), Picaridin (KBR 3023), MGK-326, MGK-264, IR3535, oil of citronella, and p-Menthane 3, 8-diole (Oil of Lemon Eucalyptus). All the EPA-registered active ingredients have some repellent activity, but most authorities recommend repellents containing DEET (N, N-diethylmetatoluamide) as the most reliable and long lasting. DEET repels mosquitoes, ticks, and other arthropods when applied to the skin or clothing. In general, the more DEET a repellent contains, the longer time it can protect against mosquito bites. However, there appears to be no added benefit to concentrations less than 50%. No serious illness has been reported from use of DEET according to the manufacturer recommendations. DEET formulations as high as 50% are recommended for both adults and children under 2 months of age. Lower concentrations are not as long lasting, offering short-term protection only and necessitating more frequent reapplication. Repellent products that do not contain DEET are not likely to offer the same degree for protection from mosquito bites as products containing DEET.

  - **Permethrin-containing repellents:** Permethrin-containing repellents (e.g., Permanone) are recommended for use on clothing, shoes, bed nets, and camping gear, and are registered by the EPA for this use. Permethrin is highly effective both as an insecticide and as a repellent. Permethrin-treated clothing repels and kills ticks, mosquitoes, and other arthropods and retains this effect after repeated laundering. There appears to be little potential for toxicity from permethrin-treated clothing. The insecticide should be reapplied after every five washings.
(http://www2.ncid.cdc.gov/travel/yb/utils). Individuals should deploy with a minimum of a two week supply of any required personal medication to preclude any adverse pharmaceutical shortages in the area (21-30 day supply preferred). Part of the screening process prior to deployment should be to assess both type and amount of medications being taken.
Appendix M: Volunteer Demobilization and Recovery Checklist

VOLUNTEER DEMOBILIZATION AND RECOVERY CHECKLIST

Demobilization: Release volunteers based on evolving incident requirements or incident action plan and coordinate with partner agencies to ensure provision of medical and mental/behavioral health support needed for volunteers to return to pre-incident status. The following checklist provides a common set of actions recommended for use by all tiers of volunteer coordinators during the various phases of demobilization.

☐ Onsite Volunteer Manager initiates demobilization in accordance with Incident Action Plan.
☐ Confirm with Public Health Command/Coordination Center (PHCC) that volunteers are no longer needed.
☐ Coordinate with PHCC Public Information Officer to disseminate messages that volunteer objectives have been met and additional volunteers are no longer needed.
☐ Notify Mississippi Responder Management System (MRMS) Registry Liaison.
☐ Notify volunteer(s).
☐ Onsite Volunteer Coordinator notifies MRMS staff.
☐ MRMS staff notifies respective Unit Administrator of volunteer(s) deactivation.
☐ Ensure the transfer of any remaining roles and responsibilities held by requested volunteers to functional units within the NIMS Structure and notify appropriate parties.
☐ Manage the inventory of State requested volunteers, their equipment and supplies.
☐ MRMS staff provide the following for each demobilized volunteer:
  o Volunteer name
  o Profession
  o Deployment location
  o Date of deactivation
  o Number of hours worked
☐ Onsite Coordinator conducts volunteer debriefing (includes exit briefing, evaluation of work performance and assessment of coordination processes).
☐ Provide volunteer with a Statement of Service.
☐ Verify volunteer(s) returns home.
☐ Provide volunteer feedback form.
☐ Evaluate need for appropriate critical incident stress intervention by addressing issues and follow-up support for Emergency Support Function 8 (ESF 8) volunteers including physical and mental health support as needed.
☐ Breakdown, clean-up and restore volunteer support facilities/stations, and security measures to pre-event conditions.
☐ Unit Administrators or MRMS staff update volunteer’s registry profile with the number of hours worked.
☐ Provide an after action report to the MRMS System Administrator.
☐ Ensure all volunteer data and reports are completed and cataloged.
☐ Maintain records and reports, and document the integration of lessons learned into updated plans.
☐ Ensure that personal information for volunteers from outside states is destroyed within 90 days.
## Appendix N: Sample Volunteer Deployment Feedback Form

### VOLUNTEER FEEDBACK FORM

<table>
<thead>
<tr>
<th>Response/Deployment for <em>(list mission):</em></th>
<th>Date(s) of Deployment:</th>
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<tbody>
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</table>

We would appreciate your providing us your name and email address so we can follow up with you; however, you are free to submit this form anonymously. We will use your comments, criticisms, and suggestions to improve our volunteer deployment procedures.

<table>
<thead>
<tr>
<th>Name (optional):</th>
<th>Email (optional):</th>
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</tbody>
</table>

List your role(s) during the deployment (example: usher, medication dispenser, registration clerk):

Was this your first deployment as a Mississippi Responder Management System (MRMS) volunteer? *(check one):*  
- Yes  
- No

Please comment on the phone/email notification message you received? *(i.e., efficiency of the process, clarity of the message).* We are especially interested in your suggestions for improvement.

Please comment on the volunteer check-in process during your deployment and provide suggestions for possible improvement, if applicable.

Were you provided adequate training to perform your responsibilities while on deployment? If no, what aspect of the training was inadequate or missing?

What could have been done differently to make this response/deployment a better experience for you as a volunteer?
Appendix O: Summary of Laws That May Protect Volunteers from Tort Liability

There are a number of statutes that might protect individual volunteers from liability for negligence that may have resulted in harm to another. Which statute applies, the level of protection (immunity) provided by it, and whom it protects, depends on a number of factors. Your legal representative should review the following points to determine applicability in your situation:

- Is an individual a paid or unpaid employee? Of what entity?
- Is the individual an uncompensated volunteer? For what entity?
- Who directs the actions of the individual?
- Where (location) is the individual a volunteer?
- What kind of services is the individual providing?
- Is the individual part of an organized response to an emergency, acting on the spur of the moment, or “happening upon” an emergency situation?
- What are the circumstances?
- Has a disaster emergency been declared by the Governor?
- Is there a federal declaration of emergency, or another federal declaration that applies to the situation?

Below is a list of statutes that might apply, depending on the factors set out above. Citations have been included to enable individuals and their attorneys to review the provisions of the statutes referenced. The table below identifies statutes that affect an individual’s immunity. Statutes that may affect governmental, private, or nonprofit entities are included to the extent that they may protect individuals who are working with or for such entities. This list is not intended to be exhaustive: in particular, the full scope and all exceptions to protections may not be identified, there may be federal statutes that provide protection for specific types of volunteers or under specific situations that are not listed and other statutes or common law may apply.

<table>
<thead>
<tr>
<th>Law</th>
<th>Citation</th>
<th>Coverage</th>
</tr>
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<tbody>
<tr>
<td>Federal Volunteer Protection Act of 1997</td>
<td>42 USC Sec. 14501 et seq.</td>
<td>Covers volunteers of nonprofit and governmental entities. Does not protect from liability for harm caused by the volunteer’s willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed. (Please refer to law for additional exceptions). Preempts applicable state law that is less protective of volunteers.</td>
</tr>
<tr>
<td>Public Readiness and Emergency Preparedness (PREP) Act</td>
<td>Part of the Public Health Service Act, 42 USC Sec. 247d-6d</td>
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<tr>
<td>Provides broad and strong protection from liability to individuals and entities that are engaged in activities related to the use of covered pharmaceutical countermeasures. This includes, for example, entities and individuals involved with manufacturing, labeling, distributing, packaging, marketing, selling, purchasing, donating, dispensing, prescribing, administering, licensing, or using of such countermeasures. Covered countermeasures must be identified in Public Readiness and Emergency Preparedness (PREP) Act Declarations from the Secretary of Department of Health and Human Services. Currently, there are PREP Act Declarations covering antivirals Tamiflu and Relenza for H1N1, avian flu and other novel influenza strains, as well as H1N1 vaccine. There are also PREP Act Declarations covering certain countermeasures against botulism, smallpox and radiation emergency. To be protected from liability, a volunteer's actions would have to be in accordance with the terms of the PREP Act declaration. Protection under a PREP Act declaration pre-empts state law, which means state law cannot provide less protection for entities or individuals covered by a PREP Act declaration (but can provide greater protection). Permits a lawsuit to be filed in the U.S. District Court for the District of Columbia for “willful misconduct,” which the plaintiff must prove by “clear and convincing evidence.”</td>
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<tbody>
<tr>
<td>&quot;Disaster&quot; means any natural, technological or civil emergency as defined in this section that causes damage of sufficient severity and magnitude to result in a declaration of an emergency by a county or municipality, the Governor or the President of the United States.</td>
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</tbody>
</table>

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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Any licensed, practicing physician, dentist, registered nurse, licensed practical nurse, certified registered emergency medical technician, or any other person.</td>
<td></td>
</tr>
<tr>
<td>Miss. Code Ann. § 95-91-1 (2005)</td>
<td>“Qualified volunteer” means any person who freely provides services, goods or the use of real or personal property or equipment, without any compensation or charge to any volunteer agency in connection with a volunteer activity.</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Miss. Code Ann. § 73-25-38 (1) (2005)</td>
<td>Licensed physician or certified nurse practitioner who voluntarily provides needed medical or health services to any person without the expectation of payment due to the inability of such person to pay for said services shall be immune from liability for any civil action arising out of the provision of such medical or health services provided in good faith on a charitable basis.</td>
</tr>
</tbody>
</table>
Appendix P: Medical Reserve Corps Volunteer Core Competencies Training Plan

The Medical Reserve Corps (MRC) Training Plan is a suggested guide for training MRC Volunteers at the local level. It presents a “menu” of options to guide MRC Unit leaders and volunteers with trainings that align with the Competencies for Disaster Medicine and Public Health (DMPH). The DMPH Competencies represent the baseline level of knowledge and skills that all MRC volunteers should have, regardless of their roles within the MRC unit. Because the DMPH competencies only establish a minimum standard, units may choose to expand on the competencies in order to train volunteers at a more advanced level.

MRC units can choose trainings from the training matrix, use other trainings not listed in the matrix, or create their own unit-specific trainings based on the DMPH competencies.

How to Use the MRC Volunteer Training Matrix:
The MRC Core Competencies Training Plan is organized into the following four categories:

**Learning Paths** are groups of competencies related to certain topics that align with volunteer motivations. The learning paths may help you conceptualize how the Competencies for Disaster Medicine and Public Health relate to volunteer motivations. One training may cover one or all of the competencies within a learning path. The four learning paths are Volunteer Preparedness, Volunteer Response, Volunteer Leadership, and Volunteer Support for Community Resiliency.

**Disaster Medicine and Public Health Competencies** serve as the foundational competency set for MRC volunteers and represent a baseline level of knowledge and skills that all MRC volunteers should have, regardless of their role within the MRC unit. They are widely understood to be the knowledge needed for a health care professional and/or first responder to perform a task in a safe and consistent manner.

**MRC Performance Qualifications** break down the DMPH Competencies into MRC specific measurable actions (knowledge, skills, and attitudes) that a volunteer should be able to perform in order to be considered competent in an area.

**Suggested Trainings/Tools** are recommended resources and trainings, most of which are available on-line and free of cost, that will enable volunteers to meet the competencies. The training list is not comprehensive; rather, it is a starting point for unit leaders to consider. The trainings are accessible through MRC-TRAIN.
# Learning Path: Volunteer Preparedness

<table>
<thead>
<tr>
<th>DMPH Competency</th>
<th>MRC Performance Qualifications</th>
<th>Suggested Trainings/tools</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.0 Demonstrate personal and family preparedness for disasters and public health emergencies</strong></td>
<td>Complete a personal and family preparedness plan.</td>
<td>IS-22 Are You Ready? An In-Depth Guide to Citizen Preparedness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EM 150: Introduction to Evacuations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Your Family Disaster Plan</td>
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<tr>
<td></td>
<td></td>
<td>Personal Preparedness</td>
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<tr>
<td></td>
<td></td>
<td>Animal Emergency Preparedness</td>
</tr>
<tr>
<td><strong>2.0 Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency</strong></td>
<td>Follow procedures to successfully activate, report, and demobilize.</td>
<td>MRC Factors for Success: Alerting, Activating, and Demobilizing Volunteers</td>
</tr>
<tr>
<td></td>
<td>Follow policies and procedures related to professional and ethical representation of the MRC.</td>
<td>EM 106: Emergency Preparedness for Health Care at Work and at Home</td>
</tr>
<tr>
<td></td>
<td>Describe the chain of command (e.g. National Incident Management System (NIMS), Incident Command System (ICS), Emergency Medical Services (EMS)) during MRC activities.</td>
<td>IS-7 A Citizen's Guide to Disaster Assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IS-100.B: Introduction to Incident Command System</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EM 108: Emergency Preparedness for Health Care with NIMS</td>
</tr>
<tr>
<td><strong>5.0 Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency</strong></td>
<td>Demonstrate safe behaviors during Medical Reserve Corps (MRC) Activities.</td>
<td>Personal Protective Equipment (PPE)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Guidance for Donning and Doffing Personal Protective Equipment (PPE) During Management of Patients with Ebola Virus Disease in U.S. Hospitals</td>
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<tr>
<td></td>
<td></td>
<td>HAZMAT for Healthcare Providers: Awareness Level</td>
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<tr>
<td></td>
<td></td>
<td>Occupational Health for Public Health Responders (Basics of Public Health Preparedness, Module 6)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health and Safety in Disaster Recovery</td>
</tr>
</tbody>
</table>

For Official Use Only
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Relevant Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.0</strong> Communicate effectively with others in a disaster or public health emergency</td>
<td>Describe the member’s communication responsibilities and procedures.</td>
<td><a href="#">Risk Communication Principles and Challenges: Road to Resilience Series</a> <a href="#">Public Health Information and Data Tutorial</a></td>
</tr>
<tr>
<td><strong>6.0</strong> Demonstrate knowledge of surge capacity assets consistent with one’s role in organizational, agency, and/or community response plans</td>
<td>Describe how Medical Reserve Corps (MRC) serves the community.</td>
<td><a href="#">Surge Capacity for Disasters: The Potential Role of the Community and Public Health Nurse</a> <a href="#">Logistics: Strike Teams, Asset Management and Supply Distribution</a> <a href="#">IS-26 Guide to Points of Distribution</a> <a href="#">Mass Dispensing Overview: An SNS Perspective</a></td>
</tr>
<tr>
<td><strong>7.0</strong> Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice</td>
<td>Identify the impact of an event on the behavioral health of the MRC member and their family, team, and community.</td>
<td><a href="#">Psychological First Aid (PFA) Online</a> <a href="#">Disaster Mental Health Assistance in Public Health Emergencies: Evidence-Informed Practices for Public Health Workers</a> <a href="#">EM 230: Mental Health Aspects of Emergencies and Disasters for Non-Mental Health Professionals</a> <a href="#">Disaster Triage for Epidemics Nurses on the Front Line: Preparing for and Responding to Emergencies and Disasters</a></td>
</tr>
<tr>
<td><strong>3.0</strong> Demonstrate situational awareness of actual/potential health hazards before, during, and after a disaster or public health emergency</td>
<td>Describe how MRC serves the community.</td>
<td><a href="#">Chemical Emergencies and the Role of Public Health</a> <a href="#">Disaster 101: An immersive emergency preparedness and crisis leadership workshop</a> <a href="#">e-Learning on Environmental Assessment of Foodborne Illness Outbreaks</a> <a href="#">HazMat Transportation Incidents: Using the Emergency Response Guidebook</a></td>
</tr>
</tbody>
</table>
| 8.0 Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies. | Demonstrate cultural humility during Medical Reserve Corps (MRC) activities. Describe how MRC serves the community. Identify the role of public health in the community. | Disability and Disaster
Disaster Service Worker (DSW)
Latinos During Emergencies: Cultural Considerations Impacting Disaster Preparedness
Risk Communication for High Risk and At-Risk Populations
Culture and Health Literacy: Beyond Access
Health, Medicine, and Reunification in School Disasters |
|---|---|---|
| 9.0 Demonstrate knowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency. | Follow policies and procedures related to professional and ethical representation of the MRC. Demonstrate cultural humility during MRC activities. | Good Decision Making in Real Time: Public Health Ethics for Local Health Officials
Applying Ethical Frameworks During Severe Pandemic Influenza |
| 10.0 Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency. | Demonstrate safe behaviors during MRC activities. Follow policies and procedures related to professional and ethical representation of the MRC. Demonstrate cultural humility during MRC activities. | Public Health and the Law: An Emergency Preparedness Training Kit
Immediate Action Teams (IAT) - Rapid Law Enforcement Tactical Response to Violence and Terrorism in the School Setting |
| 11.0 Demonstrate knowledge of short- and long-term considerations for recovery of all ages, populations, and communities affected by a disaster or public health emergency | Identify the impact of an event on the behavioral health of the MRC member, their family, team and community. | Building Community Resilience to Disasters: Road to Resilience Series
Long Term Recovery Basics
Social Media and Long-term Recovery
Recovery from Disaster Surge for Public Health Nurses |
The Medical Reserve Corps (MRC) is a national network of engaged local volunteers. MRC volunteers are organized and trained to strengthen public health, reduce vulnerability and disaster risk, build resiliency and adaptive capacity, and improve community preparedness, response, and recovery capabilities. The Competencies for Disaster Medicine and Public Health (DMPH) are widely understood to be the knowledge needed for a health care professional and/or first responder to perform a task in a safe and consistent manner. Utilizing the DMPH Competencies as the baseline core competency set for MRC volunteers makes collaboration between MRC units and other partner organizations more efficient. Organized into four Learning Paths, the Core Competencies for Disaster Medicine and Public Health represent a baseline level of knowledge and skills that all MRC volunteers should have, regardless of their role within the MRC unit. Because the DMPH Competencies establish only a minimum standard, units may choose to expand on the competencies in order to train volunteers at a more advanced level.

<table>
<thead>
<tr>
<th>Volunteer Preparedness</th>
<th>Volunteer Response</th>
<th>Volunteer Leadership</th>
<th>Volunteer Support for Community Resiliency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate personal and family preparedness for disasters and public health emergencies. DMPH 1.0</td>
<td>Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency. DMPH 2.0</td>
<td>Demonstrate situational awareness of actual/potential health hazards before, during, and after a disaster or public health emergency. DMPH 3.0</td>
<td>Demonstrate knowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency. DMPH 9.0</td>
</tr>
<tr>
<td>Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency. DMPH 5.0</td>
<td>Communicate effectively with others in a disaster or public health emergency. DMPH 4.0</td>
<td>Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies. DMPH 8.0</td>
<td>Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency. DMPH 10.0</td>
</tr>
<tr>
<td></td>
<td>Demonstrate knowledge of surge capacity assets consistent with one's role in organizational, agency, and/or community response plans. DMPH 6.0</td>
<td></td>
<td>Demonstrate knowledge of short- and long-term considerations for recovery of all ages, populations, and communities affected by a disaster or public health emergency. DMPH 11.0</td>
</tr>
<tr>
<td></td>
<td>Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice. DMPH 7.0</td>
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<td></td>
</tr>
</tbody>
</table>

**MRC Core Values:**

- **Community:** Honor the community-based nature of the MRC and recognize its spirit of volunteerism.
- **Action:** Seek opportunities to develop meaningful initiatives that support community medical and public health volunteerism and service.
- **Resourcefulness:** Maximize the potential to learn, and leverage relationships and assets to the fullest extent.
- **Teamwork:** Embrace collaboration and work collectively to achieve the mission.
- **Diversity:** Accept and respect the cultural identity of all.
Appendix Q: Brief Summary of State Statutes

Statutory Definitions of Emergency or Disaster

"Disaster" means any natural, technological or civil emergency as defined in this section that causes damage of sufficient severity and magnitude to result in a declaration of an emergency by a county or municipality, the Governor, or the President of the United States. Disasters shall be identified by the severity of resulting damage, as follows: (i) "Catastrophic disaster" means a disaster that will require massive state and federal assistance, including immediate military involvement; (ii) "Major disaster" means a disaster that will likely exceed local capabilities and require a broad range of state and federal assistance; (iii) "Minor disaster" means a disaster that is likely to be within the response capabilities of local government and to result in only a minimal need for state or federal assistance. "Emergency" means any occurrence, or threat thereof, whether natural, technological, or man-made, in war or in peace, which results or may result in substantial injury or harm to the population or substantial damage to or loss of property.


Good Samaritan Statutes

Any licensed, practicing physician, dentist, registered nurse, licensed practical nurse, certified registered emergency medical technician, or any other person.


Who, in good faith and in the exercise of reasonable care, renders emergency care to any injured person at the scene of an emergency, or in transporting the injured person to a point where medical assistance can be reasonably expected, shall be liable for any civil damages to the injured person as a result of any acts committed in good faith and in the exercise of reasonable care, or omissions in good faith and in the exercise of reasonable care by such persons in rendering the emergency care to the injured person.


Who in good faith, with or without compensation, renders emergency care or treatment by the use of an automated external defibrillator in accordance with the provisions of Sections 41-60-31 through 41-60-35, shall be immune from civil liability for any personal injury as a result of that care or treatment, or as a result of any act, or failure to act, in providing or arranging further medical treatment, where the person acts as an ordinary, reasonably prudent person would have acted under the same or similar circumstances and the person's actions or failure to act does not amount to willful or wanton misconduct or gross negligence.

"Qualified volunteer" means any person who freely provides services, goods or the use of real or personal property or equipment, without any compensation or charge to any volunteer agency in connection with a volunteer activity. For the purposes of this chapter, reimbursement of actual expenses, including travel expenses, necessarily incurred in the discharge of a member’s duties, insurance coverage and worker’s compensation coverage of volunteers, shall not be considered monetary compensation.

A qualified volunteer shall not be held vicariously liable for the negligence of another in connection with or as a consequence of his volunteer activities. A qualified volunteer who renders assistance to a participant in, or a recipient, consumer or user of the services or benefits of a volunteer activity shall not be liable for any civil damages for any personal injury or property damage caused to a person as a result of any acts or omissions committed in good faith.


Who voluntarily provides needed medical or health services to any person without the expectation of payment due to the inability of such person to pay for said services shall be immune from liability for any civil action arising out of the provision of such medical or health services provided in good faith on a charitable basis.
Appendix R: Memoranda of Understanding

MSBN and MSDH
VIPR License Verification

A MEMORANDUM OF UNDERSTANDING
A MEMORANDUM OF UNDERSTANDING BETWEEN:

STATE OF MISSISSIPPI
Mississippi State Board of Nursing
As represented by the Executive Director

And

STATE OF MISSISSIPPI
Mississippi State Department of Health
As represented by the State Health Officer

provides for

The use of Mississippi State Board of Nursing (MSBN) license and board data to be used by the Mississippi State Department of Health (MSDH), Office of Emergency Planning and Response (OEP) to ensure Board licensees volunteering for participation in the state Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Volunteers in Preparedness Registry (VIPR) have current licensure and are in good standing both when they initially sign up in the Registry and when deployed either for state or county declared emergencies or disasters.

This Memorandum of Understanding entered into this day of 01/5/2012 by and between the MSDH and the MSBN describes each party’s responsibilities and activities related to cooperation and coordination of licensing, certification and registration of health care professionals in the event of an emergency or disaster.

This memorandum also supports the overall coordination of Mississippi’s Medical Reserve Corps (MRC) units under the authorization of the US Department of Health and Human Services (HHS) which named the MSDH the responsible government agency to coordinate MRC activities (both emergency and non-emergency) in the State of Mississippi in partnership with local Emergency Management Agencies.

The Mississippi State Department of Health is mandated by its federal grant to establish and maintain an ESAR-VHP. This system requires electronic interfaces to various professional license and credentialing entities. This electronic system established in July 2007 is called VIPR and can be found at https://volunteer.ms.gov.

WHEREAS, the population of Mississippi includes large numbers of persons who reside in areas that are vulnerable to public health emergencies such as pandemics and communicable disease outbreaks and disasters, such as volcanoes, floods, severe storms, and hazardous materials incidents.
WHEREAS, in an emergency or disaster resulting in extensive damage, mass casualties or illneses, Mississippi licensed nurses may be needed to provide health and medical services to the population of the state;

WHEREAS, the MSDH is authorized and responsible to carry out all ESF-8 emergency health and medical functions which may include deployment of licensed health professionals to a local, regional, statewide, or national health emergency;

WHEREAS, the MSDH is mandated by grant to establish an electronic system to pre-register and credential licensed health professionals.

NOW, THEREFORE, in consideration of the premises and mutual understanding herein contained, the parties agree and understand that:

A. Prior to an emergency or disaster, the Mississippi State Board of Nursing shall provide access via an agreed to, secure, electronic means to the MSBN database to be utilized by the Mississippi ESAR-VHP, known as VIPR, for the verification of the licensing status of prospective volunteers. The system will provide advanced credential verification of volunteers and ensure that volunteers work in a capacity most appropriate for their skill level. Boards shall work cooperatively with the System’s implementation and interoperability with their respective databases.

B. The parties agree that it may be necessary to amend parts of this Memorandum of Understanding during the specified period to reflect changes in technology, need, laws, regulations and other unanticipated conditions.

C. Any modification of this Memorandum of Understanding will be agreed to in writing by both parties to this agreement.

D. The terms of the Memorandum of Understanding is hereby entered into and agreed to by the undersigned on behalf of the Mississippi State Board of Nursing and the Mississippi State Department of Health. Each party executing this agreement is authorized to enter into agreements of this nature on behalf of their agency or entity.

Mississippi State Board of Nursing
By: Melinda E. Rush
Melinda E. Rush, DSN, FNP
Executive Director
Date: 1/5/12

Mississippi State Department of Health
By: Mary Currier, MD, MPH
State Health Officer
Date: 2/12/12
Memorandum of Agreement
Mississippi State Department of Health
and
Mississippi Department of Human Services

I. PURPOSE

The purpose of this Memorandum of Agreement (MOA) is to establish an agreement whereby Emergency Support Function (ESF) 8 Points of Distribution (POD) Sites would receive volunteer support personnel to staff POD sites in the event of a declared federal and or state of emergency that indicates the opening of PODs.

II. DESCRIPTION

This MOA between the Mississippi State Department of Health (MSDH) and the Mississippi Department of Human Services (MDHS) will allow/provide volunteer support personnel from MDHS to MSDH to staff PODs during a declared federal and or state of emergency in which PODs are opened.

III. ACTIVATION

This agreement will be activated by notification of the State Health Officer to the MDHS Emergency Coordinating Officer and subsequent consent of the Director of MDHS. Provision of MDHS personnel for use as volunteer support for the PODs is contingent on MDHS’ ability to support. Due to the constraints of MDHS’ mission and available resources, MSDH and MDHS will coordinate to determine the extent to which support may be provided for the staffing of PODs at the beginning of the response phase of an operation.

IV. RESPONSIBILITIES

During a declared federal and or state of emergency involving the opening of PODs, MDHS agrees to:

- Provide, when possible and without conflict to the ESF-8 mission, support personnel to staff ESF 8 PODs.
- Coordinate with MSDH to pre-register MDHS support personnel into the Mississippi Responder Management System (MRMS), which is the State’s secure, electronic, internet-based responder notification, mobilization, and demobilization system.
- Coordinate with MSDH to provide disaster preparedness and response training to MDHS support personnel, to include just in time training at PODs.
- Coordinate with MSDH to identify and train MDHS disaster response team leaders as local/regional administrators in the MRMS.

MSDH, as the requestor, agrees to provide logistical considerations/accommodations for personnel.
V. PUBLIC INFORMATION COORDINATION

News releases or conferences held for the purpose of publicizing this partnership and the results, thereof, will be conducted jointly or with the concurrence of both agencies with respect to content.

VI. FUNDING

The Mississippi State Department of Health (MSDH) is responsible for providing any items required to establish/support the services provided by the partnership for response to a point of dispensing (POD). Costs include but are not limited to:

- Meals and snacks for staff who respond to the POD.
- Any consumable items (office supplies, personal protection equipment, and supplies).

VII. EFFECTIVE DATE, AMENDMENT, AND TERMINATION

This Memorandum of Agreement becomes effective on the date of final signature by MSDH and will remain in effect until superseded, suspended, or terminated by written mutual agreement. Either party wishing to terminate this agreement shall submit a written notification no less than sixty (60) days prior to the desired termination date.

VIII. ACCEPTANCE OF AGREEMENT

Mississippi Department of Human Services  
John Davis, Deputy Administrator  
Signed: ellen Davis  
Date: 10/20/14

Mississippi State Department of Health  
State Health Officer  
Signed:  
Date:  

For Official Use Only
A MEMORANDUM OF UNDERSTANDING

A MEMORANDUM OF UNDERSTANDING BETWEEN:

STATE OF MISSISSIPPI
Mississippi Board of Pharmacy
As represented by the Executive Director

And

STATE OF MISSISSIPPI
Mississippi State Department of Health
As represented by the State Health Officer

provides for

The use of Mississippi State Board of Pharmacy (MBP) license and board data to be used by the Mississippi State Department of Health (MSDH), Office of Emergency Planning and Response (OEPR) to ensure Board licensees volunteering for participation in the state Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Volunteers in Preparedness Registry (VIPR) have current licensure and are in good standing both when they initially sign up in the Registry and when deployed either for state or county declared emergencies or disasters.

This Memorandum of Understanding entered into this day of 04/10/12 by and between the MSDH and the MBP describes each party’s responsibilities and activities related to cooperation and coordination of licensing, certification and registration of health care professionals in the event of an emergency or disaster.

This memorandum also supports the overall coordination of Mississippi’s Medical Reserve Corps (MRC) units under the authorization of the US Department of Health and Human Services (HHS) which named the MSDH the responsible government agency to coordinate MRC activities (both emergency and non-emergency) in the State of Mississippi in partnership with local Emergency Management Agencies.

The Mississippi State Department of Health is mandated by its federal grant to establish and maintain an ESAR-VHP. This system requires electronic interfaces to various professional license and credentialing entities. This electronic system established in July 2007 is called VIPR and can be found at https://signup.ms.org.

WHEREAS, the population of Mississippi includes large numbers of persons who reside in areas that are vulnerable to public health emergencies such as pandemics and communicable disease outbreaks and disasters, such as volcanoes, floods, severe storms, and hazardous materials incidents.
WHEREAS, in an emergency or disaster resulting in extensive damage, mass casualties or illnesses, Mississippi licensed pharmacists may be needed to provide health and medical services to the population of the state;

WHEREAS, the MSDH is authorized and responsible to carry out all ESF-8 emergency health and medical functions which may include deployment of licensed health professionals to a local, regional, statewide, or national health emergency;

WHEREAS, the MSDH is mandated by grant to establish an electronic system to pre-register and credential licensed health professionals.

NOW, THEREFORE, in consideration of the premises and mutual understanding herein contained, the parties agree and understand that:

A. Prior to an emergency or disaster, the Mississippi Board of Pharmacy shall provide access via an agreed to, secure, electronic means to the MBP database to be utilized by the Mississippi ESAR-VHP, known as VIPR, for the verification of the licensing status of prospective volunteers. The system will provide advanced credential verification of volunteers and ensure that volunteers work in a capacity most appropriate for their skill level. Boards shall work cooperatively with the System’s implementation and interoperability with their respective databases.

B. The parties agree that it may be necessary to amend parts of this Memorandum of Understanding during the specified period to reflect changes in technology, need, laws, regulations and other unanticipated conditions.

C. Any modification of this Memorandum of Understanding will be agreed to in writing by both parties to this agreement.

D. The terms of the Memorandum of Understanding is hereby entered into and agreed to by the undersigned on behalf of the Mississippi Board of Pharmacy and the Mississippi State Department of Health. Each party executing this agreement is authorized to enter into agreements of this nature on behalf of their agency or entity.

Mississippi Board of Pharmacy
By: [Signature]
Frank Gammill
Executive Director
Date: [Date]

Mississippi State Department of Health
By: [Signature]
Mary Currier, MD, MPH
State Health Officer
Date: [Date]
MEMORANDUM OF AGREEMENT

Between
Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists
and
Mississippi State Department of Health
to engage in
Licensure Verification Integration of
State Licensed Practitioners in the Fields of Social Work and Marriage and Family Therapy

Through the terms of this agreement, the Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists (MSBOE/SWMFT) licensure board data is intended for use by the Mississippi State Department of Health (MSDH) Office of Emergency Planning and Response (OEPR). This agreement is intended to ensure social work and marriage and family therapy Board licensees, volunteering for participation in the Mississippi Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), are duly licensed and in "good standing" with the MBOESWMFT. This system, also referenced as the Mississippi Responder Management System (MRMS), will require that compliance with the respective MBOE/SWMFT State Board Rules and Regulations Governing Licensure Practice be followed. Such compliance must be adhered to—both when a volunteering practitioner initially registers with the MRMS and subsequently, when the professional practitioner is deployed for either a local, state, regional or nationally declared emergency or disaster.

This Memorandum of Agreement shall be executed jointly by the MBOE/SWMFT, as represented by the Executive Director of the MS State Board of Examiners. This document will also be executed by the MSDH, as represented by the State Health Officer. This agreement shall be entered into this day, the 1st of October, 2007. This agreement shall be between the MSDH and the MSBOE and describes each party's responsibilities and activities, related to cooperation and coordination for the licensure, certification, and registration of volunteering professional social workers and marriage and family therapists for deployment and volunteer service in the event of an emergency or disaster.

The MSDH is mandated by its federal grant to establish and maintain an ESAR-VHP. This system requires electronic interfaces with the various state professional licensure and credentialing entities. This electronic system, established in July 2007, is called the MRMS and can be found at https://signupms.org/.

WHEREAS, the population of Mississippi includes large numbers of persons who reside in areas that are vulnerable to public health emergencies such as pandemics, communicable disease outbreaks, and disasters: such as floods, severe storms, and hazardous materials incidents.

WHEREAS, in an emergency or disaster resulting in extensive damage, mass casualties, or illnesses, Mississippi health professionals, to include Physicians, Registered Nurses, Licensed Practical Nurses, Pharmacists, Psychologists, Social Workers (Clinical and Generalist Practitioners), Mental Health Counselors, Radiologic Technologists, Respiratory Therapists, and Clinical Laboratory Technologists and Technicians may be needed to provide health and medical services to the population of the State.
WHEREAS, the MSDH is authorized and responsible to carry out all ESF-8 emergency health and medical functions, which may include deployment of licensed health professionals to a local, regional, statewide, or national health emergency;

WHEREAS, the MSDH is mandated by grant to establish an electronic system to pre-register and credential licensed health professionals;

NOW, THEREFORE, in consideration of the premises and mutual understanding herein contained, the parties agree and understand that:

A. Prior to an emergency or disaster, the Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists shall provide access via an agreement to, secure, electronic means to a MSBOE/SWMFT database containing the licensee's first name, last name, license number, license type, license expiration date, and license status. This confidential information will be utilized by the Mississippi ESAR-VHP, known as MRMS, for the verification of the licensure status of prospective registering volunteers. The system will provide advanced credentialing verification for those potential volunteer applicants to ensure that said volunteer applicants are matched to the setting comparable to their skill level. Boards shall work cooperatively to ensure that the systems respective agency's implementation and interoperability is assured.

B. The parties agree that it may be necessary to amend parts of this Memorandum of Agreement during the specified period to reflect changes in technology, needs, laws, regulations, and other unanticipated conditions.

C. Any modifications to this Memorandum of Agreement will be made in writing and must be agreed to by both parties to this Agreement.

D. The terms of this Memorandum of Agreement is hereby entered into and agreed to by the undersigned on behalf of the Mississippi State Board of Examiners and the Mississippi State Department of Health. Each party executing this agreement is duly authorized to enter into agreements of this nature on behalf of their respective agency or entity.

E. All cost associated with this MOA shall be born in full by the OEPR and or MSDH.

By: [Signature]
Billy Dilworth, B.A.
Executive Director
MS State Board of Examiners for (SWMFT)
Date: 10/14/16

By: [Signature]
Mary Currier, MD, MPH
State Health Officer
Mississippi State Department of Health
Date: 7/24/16

For Official Use Only
Memorandum of Agreement
Mississippi State Department of Health
and
Mississippi Army National Guard

I. PURPOSE

The purpose of this Memorandum of Agreement (MOA) is to establish an agreement whereby Emergency Support Function (ESF) 8 Points of Distribution (POD) sites would receive volunteer support personnel to staff POD sites in the event of a declared federal and or state of emergency that indicates the opening of PODs.

II. DESCRIPTION

This MOA between the Mississippi State Department of Health (MSDH) and the Mississippi Army National Guard will allow/provide volunteer support personnel from Mississippi Army National Guard to MSDH to staff PODs during a declared federal and or state of emergency in which PODs are opened.

III. ACTIVATION

This agreement will be activated by notification of the State Health Officer to the Mississippi Army National Guard Emergency Coordinating Officer and subsequent consent of the Director of Mississippi Army National Guard. Provision of Mississippi Army National Guard personnel for use as volunteer support for the PODs is contingent on Mississippi Army National Guard’s ability to support. Due to the constraints of Mississippi Army National Guard’s mission and available resources, MSDH and Mississippi Army National Guard will coordinate to determine the extent to which support may be provided for the staffing of PODs at the beginning of the response phase of an operation.

IV. RESPONSIBILITIES

During a declared federal and or state of emergency involving the opening of PODs, Mississippi Army National Guard agrees to:

- Provide, when possible and without conflict to the ESF 18 mission, support personnel to staff ESF 8 PODs.
- Coordinate with MSDH to pre-register Mississippi Army National Guard support personnel into the Mississippi Responder Management System (MRMS), which is the State’s secure, electronic, internet-based responder notification, mobilization, and demobilization system.
- Coordinate with MSDH to provide disaster preparedness and response training to National Guard support personnel, to include just in time training at PODs.
- Coordinate with MSDH to identify and train Mississippi Army National Guard disaster response team leaders as local/regional administrators in the MRMS.
MSDH, as the requestor, agrees to provide logistical considerations/accommodations for personnel.

V. PUBLIC INFORMATION COORDINATION

News releases or conferences held for the purpose of publicizing this partnership and the results, thereof, will be conducted jointly or with the concurrence of both agencies with respect to content.

VI. FUNDING

The Mississippi State Department of Health (MSDH) is responsible for providing any items required to establish/support the services provided by the partnership for response to a point of dispensing (POD). Costs include but are not limited to:

- Meals and snacks for staff who respond to the POD.
- Any consumable items (office supplies, personal protection equipment, and supplies).

VII. EFFECTIVE DATE, AMENDMENT, AND TERMINATION

This Memorandum of Agreement becomes effective on the date of final signature by the Mississippi Army National Guard and will remain in effect until superseded, suspended, or terminated by written mutual agreement. Either party wishing to terminate this agreement shall submit a written notification no less than sixty (60) days prior to the desired termination date.

VIII. ACCEPTANCE OF AGREEMENT

Mississippi Army National Guard

[Signature]

Signed 12 April 2015

Mississippi State Department of Health

[Signature]

Signed 3/21/15

State Health Officer
### Appendix S: Incident Report Form

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<th>Date of Injury:</th>
<th>Time:</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Volunteer:</td>
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<td></td>
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<tr>
<td>Street:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone number: (____) - Ext:</td>
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<td></td>
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</tbody>
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<table>
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<tr>
<th>Age:</th>
<th>Sex:</th>
<th>The volunteer is requesting reimbursement. Yes ☐ No ☐ (Volunteer must file with own health care provider first.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter Advisor:</td>
<td>Phone Number: (____) - Ext:</td>
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<td>Street:</td>
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</tr>
<tr>
<td>City, State, Zip:</td>
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**Part A:** To be completed, signed, and dated by the volunteer.

*If the injured person cannot fill out the description, a witness can write the narrative of what he or she saw only, and should also sign and date the form.*

1. Detailed description of incident (attach additional pages if necessary, sign and date them):

2. Description of injury (attach additional pages if necessary, sign and date them):

3. Signature: Date:

**Part B:** To be completed, signed, and dated by a witness to the incident.

1. Witnesses (name/address/phone number):

2. Detailed description of incident as witnessed (attach additional pages if necessary, sign and date them):

Accident reported by: Report submitted by: Date:
Appendix T: Incident Command System Form 214 – Individual/Unit Log

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<th>1. Incident Name</th>
<th>2. Date Prepared</th>
<th>3. Time Prepared</th>
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<td>4. Unit Name/Designators</td>
<td>5. Unit Leader (Name and Position)</td>
<td>6. Operational Period (Date/Time)</td>
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<td>7. Personnel Roster Assigned</td>
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<th>ICS POSITION</th>
<th>HOME BASE</th>
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8. ACTIVITY LOG (CONTINUE ON REVERSE)

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<th>MAJOR EVENTS</th>
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9. Prepared By:
Appendix U: Incident Command System Organizational Chart

Incident Commander

Deputy Incident Commander

Operations Section

Planning Section

Logistics Section

Finance Section

Resource Unit

Volunteer Manager
VOLUNTEER RECEPTION CENTER MANUAL

For Management of Spontaneous Unaffiliated Volunteers
TABLE OF CONTENTS

Introduction and Frequently Asked Questions

Section 1: Emergency Contact Information

Section 2: Emergency Operations Plan/Emergency Management Plan

Section 3: Supplies and Equipment

Section 4: Procedures

Section 5: Volunteer Reception Center Position Descriptions

Section 6: Important Forms/Tip Sheets

Section 7: Volunteer Reception Center Floor Plan
INTRODUCTION

There is no time when the resources of a Volunteer Reception Center are more appreciated than in a time of disaster. People in disaster training understand the value of an organization that can quickly mobilize and deploy large numbers of volunteers to meet a broad array of community needs. The skill and ability to match citizens desiring to help with a specific need in the community are exactly what disaster response systems across the country typically lack.

During times of disaster, large numbers of untrained volunteers with little or no connection to disaster relief agencies come forward to help. These spontaneous unaffiliated volunteers, also called convergent volunteers because they often converge at the scene of a disaster, can actually become a hindrance unless there is a designated place where their time and talents are efficiently linked with disaster relief and recovery efforts.

Clearly, mobilizing volunteers for disaster response fits within the mission of a Volunteer Reception Center. Every Volunteer Reception Center that currently recruits and refers volunteers possesses the core competencies necessary to mobilize and deploy spontaneous unaffiliated volunteers in a time of disaster. However, there needs to be a coordinated plan for each Volunteer Reception Center such that valuable time and resources will not be wasted in a time of crisis.

Collaborative planning will help a Volunteer Reception Center determine how its expertise and resources can strengthen the efforts of other agencies; it will also ensure a coordinated response when disaster strikes. For instance, spontaneous unaffiliated volunteers, sent by a Volunteer Reception Center, can work alongside trained volunteers to expand the capacity of major disaster relief agencies. Spontaneous volunteers can also fill staffing gaps and enhance the ability of community-based organizations to respond to their constituents.

Finally, some Volunteer Reception Centers may organize teams designed to offer direct services for providing relief to individuals and families with limited or unavailable resources.

This manual is not a blueprint, but a guide. With a well–considered disaster response plan in place, a Volunteer Reception Center working in collaboration with key community stakeholders will be ready to act quickly and efficiently to serve the community’s emergency needs.
FREQUENTLY ASKED QUESTIONS

What is a VRC?

VRC stands for Volunteer Reception Center. The VRC is activated following a major disaster when local resources to manage volunteers are overwhelmed. The VRC serves as a centralized location for both volunteers and people or agencies needing volunteer assistance. The VRC connects individuals or groups desiring to help with the locations in need of assistance.

When would the Volunteer Reception Center be activated?

The VRC will be activated immediately following a major disaster, typically 12 to 72 hours following a disaster. The decision to open a VRC is made by the local Office of Emergency Preparedness in collaboration with the local VRC or other lead nonprofit or faith-based organization.

What are the locations for the VRCs?

The location will depend on the area or areas affected by the disaster. A VRC is more of a concept and system than a location.

What are unaffiliated volunteers?

Unaffiliated volunteers are those not associated with any recognized disaster response agency. They spontaneously appear on the scene or call to offer assistance. Sometimes they possess valuable training, skills, and experience, but many are generally unskilled with a genuine willingness to help.

How long will the VRC be activated?

The VRC will be activated as long as the disaster recovery efforts require volunteers.

How will trained Volunteer Reception Center volunteers know if they are needed?

There will be a notification team, or phone tree, that will notify volunteers when they are needed.

Who is the Volunteer Reception Center contact person(s) for the media?

The Emergency Support Function 8 (ESF 8) Coordinator and the MSDH Public Information Officer are the only persons permitted to release information to the media.
EMERGENCY CONTACT INFORMATION

In this section you will place your local disaster contacts. You will want the Volunteer Center and District Office of Emergency Planning and Response contacts as well as other key stakeholders in your community. Remember to get after-hours contact phone numbers as well as daytime contact info.

Volunteer Center Contacts:

Local EMA Contacts:

- Local EMA
- Local Red Cross
- Local VOAD
- Local United Way
- City Police, Sheriff
- Local Hospitals
VOLUNTEER RECEPTION CENTER GO TEAM VOLUNTEERS

Contact information on volunteers who receive Volunteer Reception Center training and commit to helping open and operate the center should be maintained in Section 1 as well. Keep key contact information: daytime and after-hours phone numbers, email and physical addresses.
CITY/COUNTY EMERGENCY OPERATIONS / EMERGENCY MANAGEMENT PLAN

The current Emergency Operations Plan should be kept in Section 2 for easy access and referral. Copies of any MOUs signed between the City/County Emergency Management Agency and the Volunteer Center, and the Volunteer Center and other disaster responding agencies should also be kept here, so that there is a clear understanding of the roles of each responding agency.
VOLUNTEER RECESSION CENTER SUPPLIES AND EQUIPMENT

Go Kit Contents:

**Office Supplies:**
- Dry erase markers (set of 4)
- Dry eraser
- Pens (box of 12)
- Highlighters (12)
- Pencils (box of 12 sharpened)
- 2 Lined pads of paper
- Copy paper, 1 ream
- Flip chart pad (1)
- 3 x 5 Index Cards (100) and file box
- File folders and labels (50)
- 3 hanging file folders and labels
- Push pins (100)
- Clipboards (25)
- Stapler (4), staples (2 boxes)
- Masking and clear tape (2 rolls each)
- Staff name tags

**Post-its:**
- 3 packs of 3” x 3”
- 1 Post-it fax pad
- #10 envelopes (1 box)

**Binder clips:**
- Small (2)
- Medium (2)
- Large (2)

**Scissors (2)**

**Pencil Sharpener (not electric)**

**Paper Clips (100)**

**Hospital ID bracelets (500)**

**ID bracelet tool and markers**

**Forms:**
- Volunteer Instructions (500)
- Disaster Volunteer Registration (500)
- Disaster Volunteer Interview List (500)
- Request for Volunteers (500)
- Disaster Volunteer Referral (500)
- Employee and Volunteer Log (14 each)
- Expenses Incurred Log (14)
- Disaster Volunteer Handbook (100)
- Volunteer Reception Center (VRC) Manual (25)

**Lists and Maps:**
- VRC floor plan
- City and parish maps
- Emergency phone list
- VRC job descriptions

**Equipment:**
- Battery-operated radio and batteries
- Battery-operated clock (optional)
- Coffee urn, cups, coffee, creamer, and sugar
- Large ice chest
- Disposable camera
- Phone system
- Laptops
- Printed signs
- Card tables (14)
- Printer
- Fax machine
### Signs for Volunteer Reception Center

<table>
<thead>
<tr>
<th>Signs</th>
<th>Where to post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Reception Center 2+ as needed</td>
<td>On street visible from either direction</td>
</tr>
<tr>
<td>Station 1 Registration</td>
<td>Registration/orientation area</td>
</tr>
<tr>
<td>Enter</td>
<td>Volunteer Entrance to VRC</td>
</tr>
<tr>
<td>Station 2 Interviews</td>
<td>Interview area visible from entry</td>
</tr>
<tr>
<td>Station 3 Placement</td>
<td>Data Ag. Coord. area visible from Station 2</td>
</tr>
<tr>
<td>Station 4 Safety Briefing</td>
<td>Safety Briefing area visible from Station 3</td>
</tr>
<tr>
<td>Station 5 Volunteer ID</td>
<td>Volunteer ID area visible from Station 4</td>
</tr>
<tr>
<td>Station 6 Other Agency Training (as needed)</td>
<td>Other Agency Trg area visible from St. 5</td>
</tr>
<tr>
<td>Exit</td>
<td>Exit, visible from Stations 3, 4, 5 and 6</td>
</tr>
<tr>
<td>Transportation to worksite (with arrows)</td>
<td>Near exit and outside, as needed</td>
</tr>
<tr>
<td>Staff only (2+ as needed)</td>
<td>Staff rest area, supply area, etc.</td>
</tr>
<tr>
<td>Current needs</td>
<td>Dry erase board in Interview area</td>
</tr>
<tr>
<td>Phone Bank</td>
<td>Phone bank area</td>
</tr>
<tr>
<td>Offers of Volunteer help</td>
<td>Top left of bulletin board in phone bank</td>
</tr>
<tr>
<td>Individuals</td>
<td>Beneath Offers of Volunteer Help sign</td>
</tr>
<tr>
<td>Groups</td>
<td>Beneath Offers of Volunteer Help sign</td>
</tr>
<tr>
<td>Other Resources</td>
<td>Top right of bulletin board in Phone Bank</td>
</tr>
<tr>
<td>Public Information Officer</td>
<td>Public Information Officer’s table</td>
</tr>
<tr>
<td>Street Sign</td>
<td>At corner where volunteers turn into VRC</td>
</tr>
</tbody>
</table>
PROCEDURES

Flow of Volunteers and Information at Volunteer Reception Center

The following station descriptions explain the Volunteer Reception Center (VRC) floor plan that follows. For security, safety, and risk management reasons, all volunteers should complete the entire process.

Station 1 Registration / Orientation

At Station 1, greeters give volunteers instruction sheets, ask them to fill out registration forms and give them a brief orientation to the registration process. If possible, this station should be located outside or in a room adjacent to the main registration area, to minimize the commotion and stress inside the VRC.

Station 2 Interviews

As interviewers are available, a greeter ushers in new volunteers. At the completion of the interview, the volunteer is given a referral form and directs the volunteer to Data Coordination. He then proceeds to Station 3.

Station 3 Data Coordination

The volunteer presents his interview checklist and referral form to the Data Coordinator, who makes and records the referral. The Data Coordinator communicates, as needed, with the requesting agency so that, when the need has been met, the request can be closed out. The volunteer takes his referral form to Station 4.

Station 4 Safety Training

The Safety Trainer will document the attendance of each volunteer and present a prepared safety briefing appropriate to the specific disaster event. At the conclusion of the briefing, the trainer will refer volunteers to the transportation area for a ride to the job site or to drive themselves to the worksite.

Station 5 Volunteer Identification

Volunteer identification staff attaches a wristband to each volunteer, containing the volunteer’s name, the agency or site to which the volunteer was referred and the date(s) on which the volunteer expects to work. The volunteer proceeds to Exit or Station 6 (if necessary).
Station 6 Other Agency Training

Partner organizations such as the Red Cross may want to conduct additional training for volunteers assigned to help. If space permits, the Volunteer Reception Center (VRC) Director may allot an area where additional training for those volunteers may occur.

Other Support Functions

Other areas house necessary personnel that do not deal directly with spontaneous walk-in volunteers, such as:

- **Phone Bank**- The critical function of the phone bank staff is to take calls from individuals and groups wishing to volunteer and from organizations needing volunteers. Each call is recorded and posted on the request board or forwarded to the Data Coordinator.

- **Data Entry/Record Keeping**- Data entry staff enters the Requests for Volunteers and the Volunteer Registration forms into the computer. When the influx of volunteers subsides, staff can begin entering the referrals recorded on the Request for Volunteers forms and close out the completed requests. Data entry staff can print updated lists of the unfilled requests as needed for the interviewers and the data coordination section.

  If computers are not available, Requests for Volunteers and Volunteer Registration Forms will be filed alphabetically in separate folders for input at a later date.

- **Supply Area**- This area should be located in a room that can be secured and should be accessed only by the VRC staff.

- **Public Information**- The VRC Director is the only VRC leader to make statements to the media about the Center’s operation as directed by the Parish EOC. All information should be approved by the ESF-15 lead agency prior to dissemination.

- **Runners**- Runners will be located throughout the VRC. They will be in charge of transporting material from one station to another.

- **Staff Break Area**- A break area should be established. Noise, frustration, the general sense of urgency and the intensity at which the VRC staff will be working will cause stress to build. Staff should take short breaks whenever possible to operate efficiently and minimize the stress.
**Virtual VRC**

When electricity and internet access are available to the Volunteer Reception Center (VRC), potential volunteers will be directed to www.volunteermississippi.org for listings of disaster response volunteer opportunities and to register their skills and availability. This will minimize the commotion and stress inside the Volunteer Reception Center. In a large scale disaster, the use of technology only supplements the walk-in VRC. If minimal damage occurs, the virtual VRC may be used exclusively to manage the flow of information and volunteers. The flow of volunteers and information at the virtual VRC is managed by the VRC Director, Master Data Coordinator and the phone bank and data entry personnel.

**Liability Release**

Signature on the release of liability is required for all volunteers, regardless of whether or not they are processed and referred online through www.volunteermississippi.org or the walk-in VRC. If the volunteer is to be referred through the VRC, the liability release form should be emailed or faxed to the individual. The potential volunteer must drop off or fax the release from to the Volunteer Center prior to starting their assignment.

**Activation to Completion**

1. The disaster is approaching. The designated Office of Emergency Planning and Response (OEPR) staff contacts the Volunteer Center to review the agreed upon protocols for activation.

2. The District OEPR staff will contact the Volunteer Center “Go-Team” within 24 hours of the disaster hitting to notify them of the activation. *The Volunteer Center must then ask if the designated site is capable of activation (electricity, phone, internet, road access)*

3. The Volunteer Center notifies the lead volunteers that the VRC has been activated. Lead volunteers initiate the phone tree to the other trained VRC volunteers.

4. Lead volunteers arrive at the designated site and set-up.

5. “Station” volunteers arrive and get a brief overview.

6. The site officially opens.

7. Once it is determined that the Volunteer Center can process the flow of volunteers through its normal operations, the VRC is deactivated and volunteers are given the contact information for the Volunteer Center and online opportunities.
VOLUNTEER RECEPTION CENTER
POSITION DESCRIPTIONS
Volunteer Reception Center Director

Work Location: Volunteer Reception Center (VRC)

Responsibilities and Duties:

Oversee the operation of the Volunteer Reception Center. You will:

• Clearly identify one entrance and one exit
• Set up the room for efficient flow of volunteers and information
• Brief and assign tasks to staff and volunteers of the VRC
• Monitor the operation and make necessary adjustments
• Maintain all records of safety and job training provided to volunteers, and hours worked in the VRC by employees and volunteers
• Maintain records of expenditures
• Resolve challenges as they arise

Qualifications: Needs to be knowledgeable about all aspects of the Volunteer Reception Center including all of the various position titles. Also, needs to have some management experience and effectively be able to run the entire Volunteer Reception Center.

Commitment Required: Full time participation when the Volunteer Reception Center has been activated.

Training: Training in each of the VRC positions prior to activation. Previous supervisory and management training experience preferred.

Volunteer Supervisor: Volunteer Center Director
**Data Entry**

Work Location: See the Volunteer Reception Center (VRC) floor plan

Responsibilities and Duties:

Your job is to enter the information from the Volunteer Registration and Request for Volunteers forms into the database so that the parish has an accurate record of who participated in the recovery effort, what kinds of work they performed and when.

After the initial influx of volunteers has subsided, you may have time to begin entering the referrals recorded on the Request forms and to close out the completed Requests. As needed by VRC staff, print updated lists of the unfilled Requests and ask a Runner to distribute copies to Phone Bank staff, Data Coordination, Interviewers and, if requested, the VRC Director.

Even if you are familiar with the software being used by the VRC, please ask for a brief orientation before beginning your first shift. Accuracy is more important than speed. The information you enter will be used to determine the amount of money the parish will receive from the Federal Government as a result of the disaster. If you have difficulty using the computer, please ask for help immediately. Do not attempt to fix the problem yourself.

Qualifications: Be comfortable with computers and ability to enter information into a database.

Commitment Required: 8-hour shift

Volunteer Supervisor: VRC Director and Shift Manager
**Greeters**

Work Location: Near the entrance of the Volunteer Reception Center (VRC) (see the VRC floor plan)

Responsibilities and Duties:

Ideally, you will be working with a partner, orienting volunteers inside and outside the volunteer entrance. Your job is to greet people with a friendly and firm demeanor, determine the purpose of their visit and direct them accordingly.

- If they are volunteers, give them a Volunteer Instructions sheet and ask them to fill out a registration form. If the VRC is too full at the time, ask them to have a seat in the waiting area.

- If they are media personnel, direct them to the Volunteer Center Director or the Public Information Officer.

- If they are disaster survivors, refer them to the appropriate organization.

- If they have food, clothing, etc. to donate refer them to the appropriate agency unless it is food for the Volunteer Reception Center staff. If it is food for the VRC staff, take the individual to the Host/Hostess. For safety reasons, unsolicited donations of food for Volunteer Reception Center staff will not be accepted!

If there is a long wait, some volunteers may not understand the reason and may become impatient. Please thank everyone for volunteering, briefly explain the process, and ask everyone to be patient or to come back later.

Qualifications: Have a friendly demeanor and be able to approach people and talk with them

Commitment Required: 8-hour shift preferred

Volunteer Supervisor: VRC Director and Shift Manager

Items needed:
Host/Hostess

Work Location: Volunteer Reception Center (VRC)

Responsibilities and Duties:

Provide congenial hospitality to all who enter the Volunteer Reception Center.

1. Set up area at the VRC for coffee, water, juice and snacks where volunteers can help themselves.

2. Provide and offer on a cart coffee, water, juice and snacks to volunteers as they are filling out their paperwork and waiting to be interviewed.

3. Replenish supplies with sugar, creamer, napkins, etc. as they are running low and ensure that bathrooms are stocked with paper towels and toilet paper.

4. Be available to inform volunteers of the locations of the restrooms and to answer any simple questions they may have, i.e., how much longer do I have to wait? etc.

5. Always have a pleasant attitude and be willing to help at all times.

Qualifications: Knowledgeable about all aspects of the Volunteer Reception Center including all of the various position titles. Needs to have a pleasant attitude.

Commitment Required: 8 hour shifts.

Volunteer Supervisor: Volunteer Reception Center Director, Volunteer Center Director
Identification Coordinator

Work Location: See the Volunteer Reception Center (VRC) floor plan

Responsibilities and Duties:

Ask if the volunteer for his/her Referral form. If they have not been referred, thank them for coming and ask them to please wait in the sitting area in the center of the room.

Clearly write on the white portion of an ID wristband the name of the volunteer, dates he/she will be working, and the name of the agency to which the volunteer was referred, as shown on their Referral form.

Place the ID wristband securely on the volunteer’s wrist.

Explain to the volunteers that the ID will be valid only for the date(s) written on the band. Authorities will not permit them to enter any of the disaster impacted areas on any other day, without a current ID wristband. If volunteers plan to work more than one day, you may write the beginning and ending dates of their service. Thank them for coming.

If you need assistance, please raise your flag or put on the hat to summon a Runner.

Qualifications: Ability to clearly write the volunteer’s information on their ID band.

Commitment Required: 8-hour shift preferred

Volunteer Supervisor: VRC Director and Shift Manager
Interviewer

Work Location: See the Volunteer Reception Center (VRC) floor plan

Responsibilities and Duties:

Your job is to do a quick interview of the prospective volunteer and refer him to a job at an agency appropriate to his abilities and interests.

Volunteer requests will be posted on a board in front of you (behind the volunteers being interviewed) and will be erased as they are filled. If the center has a computer system, you might also receive a printed list of the current needs.

When a new volunteer approaches, ask for his/her registration form. Verify its completeness and accuracy, and use it as a guide from which to inquire more about the volunteer’s skills. Check a photo ID to verify identity.

At the conclusion of the interview, keep the registration form and have the volunteer take their Referral Form to Data Coordination.

Before signaling the Greeter that you are ready for another interview, take a minute to jot down in the Notes section anything about the volunteer you feel is important, that the volunteer did not include on his registration form (a special skill, an obvious physical limitation, etc.) If your center decides to use the blind field labeled Office Use Only, check the appropriate box. Place his/her Volunteer Registration Form in the bin or file.

Key points to remember are:

- Disaster registration differs from a normal volunteer intake – there is less time to try to fit each volunteer into an ideal assignment.
- Refer the volunteer on the spot if possible – it may be impossible to contact him later. If the volunteer has special training or unusual skills that you think might be needed soon, ask him to wait in the sitting area and to check the volunteer request board for new requests for their specialized skills.
- Be sure to watch for volunteers who would work well in the Volunteer Reception Center.
- It is likely that some volunteers will exhibit the stress of the disaster – an extra measure of patience and understanding is needed.
- You may be called upon to train volunteers to assist with the interviewing.

Qualifications: Must have good communication skills and be able to interview people to find out their skills.

Commitment Required: 8 hour shift
Volunteer Supervisor: VRC Director and Shift Manager
Master Data Coordinator

Work Location: Volunteer Reception Center (VRC)

Responsibilities and Duties:

Your job is to match the Referral Forms to the Requests and to close out the Requests when they have been filled or are no longer needed. You may have to call an agency contact to clarify the agency’s Request. When you speak with an agency contact, record the information on the Request form in the section called Follow-up Contacts with Requesting Agency.

When a volunteer brings you his Referral form, enter his name and the date of the referral on the Request form to which he was referred. Place your initials on his Referral form. If you have time, call the agency contact to let him know who or how many volunteers have been referred. Confirm with the agency contact whether you should continue referring volunteers or close out the request. When a request has been filled, raise your flag or put on the hat to call a runner and ask him to remove that request from the board.

Enter the date and reason the request was closed (completed, no longer needed, etc.) at the bottom of the Request form. If your Requests for Volunteers have been entered into a database, be sure to enter the date and reason the Request was closed as soon as possible. Place open Requests in one file and closed Requests in the other, in either numerical order or alphabetically by agency.

You will also be overseeing the operation of the Volunteer Reception Center data entry. If there is computer access, you will:
1. Ensure the information from the phone bank is being entered by the data entry person.
2. Ensure the database is updated when volunteer positions are filled.
3. Ensure smooth communication between data entry and volunteer coordinators.

If there is no computer access, you will:
1. Receive agency information from the phone bank and/or runner.
2. Ensure runner hand writes the agency information on the master board for the Interviewers.
3. If the runner is too busy, once the Interviewers fill a position at an agency, the Interviewer will give you the volunteer’s application. You will see where the volunteer was referred and mark off on the master board that the position was filled
4. Remove the agency from the master board once all volunteer positions have been filled.
5. Give the volunteer’s application to the runner to give to the data entry person.
6. Ensure all activity is documented and entered into the database.
Qualifications: Knowledgeable about all aspects of the Volunteer Reception Center (VRC) including all of the various position titles. Needs to possess good communication, organizational, and computer skills.

Commitment Required: 8 hour shifts. Volunteer Supervisor: VRC Director and Volunteer Center Director
Notification/Scheduling Team Member

Work Location: From home if phone lines are operable. If not, the Volunteer Reception Center (VRC).

Responsibilities and Duties:

The Notification Team Member will be notified after a disaster and told whether the VRC has been activated, where it will be located, and when it will be opened. Then, the Notification Team Member will initiate the phone tree and call the other volunteers.

You will be responsible for making sure that all the trained VRC volunteers are notified. You must also gather information on who can volunteer and at what times and develop a schedule for the volunteers. In addition, after calling the volunteers, you must work on getting refreshments for the VRC.

Qualifications: Must have good phone and communication skills. Also, must be a responsible person who will be in charge of making sure other volunteers are notified.

Commitment Required: As long as it takes to call the trained volunteers

Volunteer Supervisor: Volunteer Center Director
Phone Bank Staff

Work Location: See the Volunteer Reception Center (VRC) floor plan

Responsibilities and Duties:
You will be handling two types of calls, those from agencies requesting volunteers and those from people wanting to volunteer. The information you record about each call must be complete and in sufficient detail to facilitate matching volunteers to the needs.

When you receive a call from an agency, fill out a Request for Volunteers form while you are speaking with the agency caller. If there is a computer available for entering the needs into a database, Data Entry staff should enter the need as soon as possible.

Next, call a runner by raising the flag at your station. Ask the Runner to post the volunteer request on the dry erase board in view of the Interviewers (Station 2) and then to give the Request for Volunteers form to the Data Coordinator (Station 3).

When people call to volunteer, thank them and give them the following registration options:

- If they choose to register online or by fax, they will be e-mailed or called to discuss possible assignments and given further instructions.
- If the caller represents a group that wishes to volunteer together, ask them to be patient while you determine where they can be of most help. It might take one day or several to match them with a need, especially if they are coming from out of town. Post the caller’s inquiry on the board behind the Phone Bank.

When a match (a mission) is found for that volunteer, e-mail or call them back and schedule a time for them to come to the VRC to sign their online registration form, pick up their referral form and ID bracelet(s), and attend a safety briefing. Make sure that the volunteer’s online registration form is waiting with the Interviewers (Station 2) on their arrival date.

If they choose to register in person at the VRC, they will be given instructions when they arrive.

Qualifications: Must be able to communicate over the phone with people and record what your conversations were about.

Commitment Required: 8-hour shift preferred

Volunteer Supervisor: VRC Director and Shift Manager
Runners

Work Location: See the Volunteer Reception Center (VRC) floor plan

Responsibilities and Duties:

Your job is to carry information from one station to another within the VRC. When a station needs you to pick up forms, restock their supplies or escort a volunteer from one place to another, they will signal you at their station.

Please watch carefully for this signal and respond promptly, in order to keep the information and volunteers moving smoothly through the registration and referral process.

When you are asked to post a new Volunteer Request on the board, be sure to use only the markers provided and write neatly and large enough so that the interviewers can see the requests clearly. After posting the request on the board, give the Request form to the Data Coordinator (Station 3).

Qualifications: Must be able to move around the VRC to visit the different stations.

Commitment Required: 8 hour shift

Volunteer Supervisor: VRC Director and Shift Manager
Safety Trainer

Work Location: See the Volunteer Reception Center (VRC) floor plan

Responsibilities and Duties:

Your job is to brief all new volunteers on what to expect at their job sites, how to be safe while volunteering and how to take good care of themselves after their experience. When a small group has gathered, thank the volunteers for offering to help.

Pass around a clipboard with an attendance sheet and check to be sure that all participants have signed it.

Read the entire Safety Training sheet slowly, emphasizing the importance of following supervisors’ instructions at the worksite. Encourage everyone to attend a debriefing, if available, at the end of their shift. Ask if there are any questions. If a question arises to which you do not know the answer, summon a runner. Ask the runner to summon the VRC Director or other VRC staff to answer the question. When your briefing is concluded, explain where the volunteers should move to the ID area.

File the attendance sheet for each class in the folder and turn them in to the VRC Director daily. If the content of your safety briefing changes (new material is added or safety instructions change), staple a copy of the new safety training script to the attendance sheet of the first class in which the new script was used. Maintenance of these records is important to help protect the Coordinating Agency and local disaster officials from liability, should a volunteer be injured on the job.

Qualifications: Must be able to talk to groups about safety issues. Also, must be able to answer questions volunteers might have about safety.

Commitment Required: 8 hour shift

Volunteer Supervisor: VRC Director and Shift Manager
**Shift Manager**

Work Location: Volunteer Reception Center (VRC)

Responsibilities and Duties:

Oversee the operation of the VRC. You will:

- Clearly identify one entrance and one exit
- Set up the room for efficient flow of volunteers and information
- Brief and assign tasks to staff and volunteers of the VRC
- Monitor the operation and make necessary adjustments
- Resolve challenges as they arise

Qualifications: Needs to be knowledgeable about all aspects of the VRC including all of the various position titles. Also, needs to have some management experience and effectively be able to run the entire VRC.

Commitment Required: 8 hour shifts.

Volunteer Supervisor: VRC Director
IMPORTANT FORMS/TIP SHEETS
Safety Training Template

(Presenter: Edit this training for the specific incident)

1. If you will be working outside, dress for the weather. Boots may be helpful, as debris on the ground can be sharp and dangerous.

2. Bring work gloves, sunscreen, hat and any appropriate tools you have. You will be responsible for your tools.

3. Water may be available at your work site, but you are encouraged to bring a personal water container. It is important to drink lots of water while you work.

4. If death/injuries have occurred in the area where you are working, there will be bacteria. When you take a break, wash thoroughly.

5. When you arrive at your worksite, you will be warned if there is a possibility of encountering victims. Follow the instructions given to you at your job site.

6. The work you will be doing may cause you stress, anxiety, fear, or other strong emotions. You are providing a valuable service by volunteering today. Please understand that, by helping, we will not be able to undo the effects of this event. We are each just one person. All we can do is help in our own small ways to assist victims into the recovery process. If you care for one lost animal, find one child’s lost favorite toy, or hold the hand of one wheelchair bound senior in a shelter, you will have eased a little of the pain.

   Do not feel guilty because you are not able to fix everything. Just work your shift, then go home to rest and eat well. Both will help to relieve the stress. Be sure to attend any debriefing that may be conducted at the end of your shift.

7. Older children can help with the disaster recovery work in some areas, but parents must sign a release of liability form for each child under the age of 18. It is recommended that children remain in school, if it is open. Older children can participate with parents on weekends.

8. Follow carefully any instructions given to you at your job site.

9. Please attend any debriefing activity provided at your worksite after your shift.
TIPS ON EFFECTIVE MANAGEMENT OF DISASTER VOLUNTEERS

- Plan carefully
- Commit to provide trained leadership
- Set realistic goals for each day's work
- Help volunteers see where they fit in the "big picture"
- Organize effectively
- Refer to written checklists for each job to be done
- Create a master list of all jobs with a one-line description of task and to whom volunteers report and post it.
- Staff responsibly
- Make assignments to volunteers based on their skills, interest and experience
- Train people in how to do their job; give them the information they will need for success as well as a vision of what you are doing.
- Supervise in an enabling way.
- Help people to be successful.
- Praise their good work; correct errors immediately.
- Help people feel important, included, and valuable.
- Watch for signs of burnout and rotate tasks or relieve volunteers appropriately.
- Be specific, brief, clear in giving instructions.
- Use humor to help people over the rough spots.
- Always be fair.
- Remind volunteers that their efforts are helping the entire community.
- Keep people informed.
- Watch for signals that people want increased responsibility.
- Recognition, recognition, recognition
Disaster Volunteer Registration Form

(Please print clearly. Submit at Volunteer Reception Center or fax to _____________)

Dr.__ Mr.__ Mrs.__ Ms.__ Name__________________________________________________________

Birthdate__________________________

Day Phone_________________ Evening Phone_____________________________________

E-mail address__________________________________________

D.L. or other I.D. #__________________________ State________

Home Address__________________________________________

City__________________________ ST_____ Zip_________

Emergency Contact__________________________________________

Relationship_________ Emergency Phone_______________

Occupation__________________ Employer____________________

Business Address__________________________________________

City_________________ ST_____ Zip_________

Are you a year-round resident? ___Yes ___No

Months you are available________________________________

If you have any health limitations, please explain_____________________________________

I am willing to volunteer in: ____this county _____a neighboring county

_____anywhere in the state _____anywhere in the U.S.

Are you currently affiliated with a disaster relief agency?

If yes, name of agency: _____________________________

Special skills and/or vocational/disaster training:

__________________________________________________________________________________
**SKILLS: Please check all that apply.**

### MEDICAL
- ___ Doctor | Specialty: _______________________
- ___ Nurse | Specialty: _______________________
- ___ Emergency medical certification
- ___ Mental health counselor
- ___ Veterinarian
- ___ Veterinary technician

### COMMUNICATIONS
- ___ CB or ham operator
- ___ Hotline Operator
- ___ Own a cell phone #_________________
- ___ Own a sky phone #_________________
- ___ Public relations
- ___ Web page design
- ___ Public speaker

Language other than English:
- ___ French
- ___ German
- ___ Italian
- ___ Spanish
- ___ Ukrainian
- ___ American Sign Language
- ___ ____________________________
- ___ ____________________________

### OFFICE SUPPORT
- ___ Clerical - filing, copying
- ___ Data entry Software: _______________________
- ___ Phone receptionist

### SERVICES
- ___ Food
- ___ Elderly/disabled asst.
- ___ Child care
- ___ Spiritual counseling
- ___ Social work
- ___ Search and rescue
- ___ Auto repair/towing
- ___ Traffic control
- ___ Crime watch
- ___ Animal rescue
- ___ Animal care
- ___ Runner
- ___ Specific disability Service _______________________

### STRUCTURAL
- ___ Damage assessment
- ___ Metal construction
- ___ Wood construction
- ___ Block construction Cert. #_________________
- ___ Plumbing Cert. #_________________
- ___ Electrical Cert. #_________________
- ___ Roofing Cert. #_________________
- ___ Cert. #_________________

### TRANSPORTATION
- ___ Car
- ___ Station wagon/mini van
- ___ Maxi-van, capacity___
- ___ ATV
- ___ Own off-road vehicle/4wd
- ___ Own truck, description:
- ___ Own boat, capacity___ Type:_________________
- ___ Commercial driver Class and license #:_________________
- ___ Camper/RV, capacity___ and type:_________________
- ___ Wheelchair transport

### LABOR
- ___ Loading/shipping
- ___ Sorting/packing
- ___ Clean-up
- ___ Operate equipment Types:_________________
- ___ Have experience supervising others

### EQUIPMENT OPERATOR
- ___ Backhoe
- ___ Chainsaw
- ___ Generator
- ___ Other:_________________
Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless [Coordinating Agency, local governments, State of __________, the organizers, sponsors and supervisors of all disaster preparedness, response and recovery activities (check with local Risk Management and Emergency Management Departments who should be included) from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer disaster effort in which I participate. I likewise hold harmless from liability any person transporting me to or from any disaster relief activity. In addition, disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me during disaster relief efforts.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of __________, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Signature_______________________________________ Date______________

Guardian, if under 18_____________________________ Date______________
Volunteer’s credentials were recorded as presented. Verification of credentials is the responsibility of the receiving agency.

**This volunteer was referred to the following agencies:**

**Date**

**Need #**

**Agency**

**Contact Name**

**Contact’s phone #**

Return this completed form to:

(Coordinator Agency name, address and fax number)

**Notes:**
Disaster Volunteer Referral

Name of Volunteer____________________________________ Date_______________

Referred to (agency) ______________________________________ Need #_______

Agency contact name ____________________________________________

Phone_______________ Address of Agency/Site ____________________________

Directions to Site____________________________________________________

Title/description of volunteer assignment_____________________________________

________________________________________________________________________

Dates and hours volunteer will work__________________________________________

Note: Verification of volunteer’s credentials is the responsibility of the agency receiving the volunteer.

VRC Staff Initials:

<table>
<thead>
<tr>
<th>Interview</th>
<th>Data Coord.</th>
<th>Safety Brief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter</td>
<td>View</td>
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<tr>
<td>Data</td>
<td>Coord.</td>
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<tr>
<td>Safety</td>
<td>Brief</td>
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</tbody>
</table>

Disaster Volunteer Referral

Name of Volunteer____________________________________ Date_______________

Referred to (agency) ______________________________________ Need #_______

Agency contact name ____________________________________________

Phone_______________ Address of Agency/Site ____________________________

Directions to Site____________________________________________________

Title/description of volunteer assignment_____________________________________

________________________________________________________________________

Dates and hours volunteer will work__________________________________________

Note: Verification of volunteer’s credentials is the responsibility of the agency receiving the volunteer.

VRC Staff Initials:

<table>
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<tr>
<th>Interview</th>
<th>Data Coord.</th>
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<tbody>
<tr>
<td>Inter</td>
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<tr>
<td>Data</td>
<td>Coord.</td>
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<tr>
<td>Safety</td>
<td>Brief</td>
<td></td>
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</tbody>
</table>
Request for Volunteers

(Complete one form for each job description.)

Request # ___________    Today’s Date:__________ Start Date:___________ End Date:___________

Title of Volunteer Position:
_________________________________________________________________

Agency Name: ____________________________________ Agency Contact: __________________________

Agency Address: _________________________________________ Phone: __________________________
Ext: ______

Duties:
________________________________________________________________________________
________________________________________________________________________________

Volunteers must be physically able to:_________________________________________________________

Number Needed: ______________ Dates/Hrs Needed:__________________________________________

For this position, volunteers must be at least ____ years of age.

<table>
<thead>
<tr>
<th>Description</th>
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</table>

Skills Needed

Follow-up Contacts with Requesting Agency / Clarification of Need

<table>
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<tr>
<th>Date</th>
<th>Comments</th>
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For Official Use Only 188
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<th>Name</th>
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Request closed on _____/_____/_____
Completed ☐  No placements possible ☐  No longer needed ☐
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<tr>
<th>Date</th>
<th>Name</th>
<th>In</th>
<th>Out</th>
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<th>Reg. Hrs.</th>
<th>OT Hours</th>
<th>Total Hours</th>
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</table>
### Volunteer Reception Center Sign-in / Sign-out Record

<table>
<thead>
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<th>Date</th>
<th>Name</th>
<th>Time In</th>
<th>Time Out</th>
<th>Time In</th>
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<th>Total Hours</th>
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</table>
Expenses Incurred by Volunteer Reception Center Coordinating Agency in Response to Disaster

Name of Event: ________________________________  VRC Opened?  ☐ Yes  ☐ No

Save all receipts place them in an envelope with this form and turn in to VRC Director.

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Price</th>
<th>Quantity</th>
<th>Total</th>
<th>Authorized by</th>
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</table>
Work Site Sign-in / Sign-out Record

Event Name: __________________________ County______________________

Site_________________________________________________ Date____________________

Site Supervisor________________________________________ Phone____________________

Please read before signing: I have received safety instructions for working at this site and agree to follow the safety procedures and the directions of the site supervisor.

Sign your name, times in and out, and the type of work you did today (e.g. cleanup, repair, sorting)

<table>
<thead>
<tr>
<th>Volunteer’s Name</th>
<th>Time In</th>
<th>Time Out</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
<th>Type of Work</th>
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For Official Use Only
## Signs for Volunteer Reception Center (VRC)

You will need one enlargement, unless otherwise specified, for each of the 17 station or directional signs shown in the left column. All signs should be laminated and large enough to be read from across a large room.

<table>
<thead>
<tr>
<th>Signs Needed</th>
<th>Where to Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disaster Volunteer Reception Center (2)</td>
<td>On street visible from either direction</td>
</tr>
<tr>
<td>Station #1 Registration</td>
<td>Registration / orientation area</td>
</tr>
<tr>
<td>Enter</td>
<td>Volunteer Entrance to VRC</td>
</tr>
<tr>
<td>Station #2 Interviews</td>
<td>Interview Area visible from Volunteer Entry</td>
</tr>
<tr>
<td>Station #3 Data/Agency Coordination</td>
<td>Data Coordination visible from Station #2</td>
</tr>
<tr>
<td>Station #4 Safety Briefing</td>
<td>Volunteer ID area visible from Station #3</td>
</tr>
<tr>
<td>Station #5 Volunteer I.D. Tags</td>
<td>Safety Training visible from Station #4</td>
</tr>
<tr>
<td>Station #6 Job Training</td>
<td>Job Training visible from Station #5</td>
</tr>
<tr>
<td>Exit</td>
<td>Exit visible from Stations #5 and #6</td>
</tr>
<tr>
<td>Staff Only (2+ as needed)</td>
<td>Staff rest area, supply area, etc</td>
</tr>
<tr>
<td>Phone Bank</td>
<td>Agency Coordination area</td>
</tr>
<tr>
<td>Public Information Officer</td>
<td>Public Information Officer’s Table</td>
</tr>
<tr>
<td>DATA AGENCY COORDINATION</td>
<td>DATA AGENCY COORDINATION</td>
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<tr>
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<tr>
<td>VOLUNTEER ID TAGS</td>
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<td>SAFETY TRAINING</td>
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</tbody>
</table>
SAFETY TRAINING

DATA ENTRY

DATA ENTRY

PHONE BANK

PHONE BANK

PHONE BANK

PUBLIC INFORMATION
PUBLIC INFORMATION

REGISTRATION

REGISTRATION

RUNNER

RUNNER

SECURITY

SECURITY
VOLUNTEER RECEPTION CENTER FLOOR PLAN
Volunteer Reception Center Floor Plan

Volunteer Entrance

Station #1
Registration

Station #2
Interviews

Station #3
Data/Agency Coordination

Station #4
Safety Briefing

Station #5
Volunteer

Station #6
Specific Job Training

Volunteer Movement
Bulletin Boards
Line Of Sight
Dry Erase Board

Volunteer Registration Stations
Volunteer Sitting Area
Staff Only Areas

Request Board

Data / Agency Coordination

Phone Bank

Supply Area

Exit

For Official Use Only
Appendix W: Just in Time Training For Volunteers

VOLUNTEER RECEPTION CENTER
JUST IN TIME TRAINING FOR VOLUNTEERS

This file contains the “training and exercise” version of the position descriptions for the various staff roles of the Volunteer Reception Center.

It is helpful to tape the position descriptions to the appropriate tables and allow trainees to read and become familiar with their roles prior to starting the exercise. Asking them to describe for the rest of the participants what will happen at their station gives them an opportunity to confirm their understanding and ask questions.
Volunteer Reception Center Staff Tasks – Volunteer Reception Center Director

Your job is to oversee the operation of the Volunteer Reception Center (VRC). You will:

- Clearly designate one entrance and one exit
- Set up the room for efficient flow of volunteers and information
- Brief and assign tasks to staff and volunteers of the center
- Monitor the operation and make staffing changes when necessary
- Maintain all records of safety and job training provided to volunteers, and hours worked in the VRC by employees and volunteers
- Turn all records in to the County Budget Department weekly or at end of the activation

You should meet and thank all volunteers who help in the VRC and instruct them to sign in and out on the Volunteer Sign-in / Sign-out Record daily. Instruct paid staff to sign in on the Employee Sign-in / Sign-out Record daily. In a fast paced disaster response, both paid and volunteer staff will need regular reminders to sign in and out.

Items needed:

- ID badge
- Tables and chairs (see sample room layout for details)
- “Go Box” containing office supplies and forms to stock your VRC for the first 2-3 days
- Items on the Supplies and Equipment list
Volunteer Reception Center Staff Tasks – Greeters
(Station #1 Registration)

Ideally, you will be working with a partner, orienting volunteers inside and outside the volunteer entrance. Your job is to greet people with a friendly and firm demeanor, determine the purpose of their visit and direct them accordingly.

- If they are there to volunteer, thank them, give them a “Volunteer Instructions” sheet and ask them to fill out a registration form. When the form is completed, direct them to the next available interviewer at Station #2.
- If they are media personnel, direct them to the Public Information Officer.
- If they are disaster survivors, refer them to the appropriate relief organization.
- If they are bringing cleaning supplies, nonperishable food, etc., to donate, refer them to an agency that is accepting donated goods.

If there is a long wait, some volunteers may not understand the reason and may become impatient. Please thank everyone for volunteering, briefly explain the process and ask everyone to be patient or, if they prefer, to come back later.

Items needed:

- ID badge
- Sign (Station #1 Registration)
- Table or clipboards and chairs for volunteers to use for filling out their forms
- Supply of “Volunteer Instructions” handouts
- Supply of Disaster Volunteer Registration Forms
- Pens
- Flag or hat to summon runners
Volunteer Reception Center Staff Tasks – Interviewers  
(Station #2 Interviews)

Your job is to do a quick interview of the prospective volunteer and refer him/her to a job at an agency appropriate to his abilities and interests. Requests for volunteers will be posted on a board in front of you (behind the volunteers being interviewed) and will be erased as the needs are filled. If the VRC has a computer system, you might also receive a printed list of the current needs.

When a new volunteer approaches, ask for his/her registration form. With the volunteer, verify its completeness and accuracy, and use it as a guide from which to inquire more about the volunteer’s skills. At the conclusion of the interview, keep his registration form. When the volunteer accepts an assignment, complete a Referral form, filling in all information requested, give it to the volunteer and instruct him to report to Data Coordination (Station #3).

Before you signal the Greeter that you are ready for another interview, take a minute to jot down in the “Notes” section anything about the volunteer you feel is important and that the volunteer did not include on his registration form (a special skill, an obvious physical limitation, etc.) If your center decides to use the blind field labeled “Office Use Only,*” check the appropriate box. Place his registration form in the file.

Key points to remember are:

- Disaster registration differs from a “normal” volunteer intake – there is less time to try to fit each volunteer into an ideal assignment.
- Refer the volunteer on the spot if possible – it may be impossible to contact him later. If the volunteer has special training or unusual skills that you think might be needed soon, ask him to wait in the sitting area and to check the volunteer request board for new requests for their specialized skills.
- Be sure to watch for volunteers who would work well in the Volunteer Reception Center. (It may seem self-serving, but if the VRC has sufficient staff and works effectively, the community will benefit!)
- It is likely that some volunteers will exhibit the stress of the disaster – they may be victims themselves. An extra measure of patience and understanding is needed.
- You may be called upon to train new volunteers to assist with the interviewing.

*The VRC Director should determine appropriate use of the “Office Use Only” field. It is intended to provide a customizable “blind” field in which special information can be noted about volunteers. If, for future referral of that volunteer, it would be helpful to know his general level of ability to work independently, boxes 1-5 could be coded: 1. Learns quickly, able to supervise the activities of others; 2. Would work well independently, good decision making skills; 3. Needs some supervision and assistance
with decision making; 4. Needs close or constant supervision; and 5. Has a mental, physical or emotional limitation to consider in making a referral.

Items needed:

- An ID badge for each interviewer
- 2-3 tables and 8-12 chairs (see floor plan)
- Sign (Station #2 Interviews)
- Supply of Referral forms
- Flag or hat to summon runners
- Pens
- File for maintaining Volunteer Registration Forms in alphabetical order
Volunteer Reception Center Staff Tasks – Data/Agency Coordinator
(Station #3 Data/Agency Coordination)

When a volunteer brings you his Referral form, pull the corresponding Request for Volunteers form from the file. Enter his name and the date of the referral on the bottom of the Request form. Place your initials in the appropriate box on his Referral form. Direct the volunteer to Station #4 for a Safety Briefing.

As you have time, call the agency contact to let him know who or how many volunteers have been referred. Confirm with the agency contact whether you should continue referring volunteers or close out the Request.

When a Request has been filled, raise your flag or put on the hat to call a runner and ask him to confirm that the request has been removed from the board.

Enter the date and reason the request was closed (completed, no longer needed, etc.) at the bottom of the Request form. If your Requests for Volunteers have been entered into a computer database, be sure to enter the date and reason the Request was closed as soon as possible. Place open Requests in one file and closed Requests in the other, alphabetically by agency.

You may have to call an agency contact to clarify the agency’s Request. When you speak with an agency contact, record the information on the Request form in the section called “Follow-up Contacts with Requesting Agency.”

Items needed:

- An ID Badge for each staff member
- Sign (Station #3 Agency / Data Coordination)
- Two tables and four chairs
- Phone
- Two sets of files – one for open Requests for Volunteers and one for closed out Requests
- Pens
- Computer, if available, networked to the computers at the Phone Bank station
- Flag or hat to summon runners
Volunteer Reception Center Staff Tasks – Phone Bank Staff

You will be handling two types of calls, those from agencies requesting volunteers and those from people wanting to volunteer. The information you record about each call must be complete and in sufficient detail to facilitate matching volunteers to the needs. DO take control of each call immediately. It is much more efficient to ask the questions in the order in which they appear on the form. (If the caller takes control you will find yourself scribbling in the margins and will not get all the required information.)

When an agency calls to request volunteers, fill out a Request for Volunteers form while you are speaking with the agency caller. If there is a computer available for entering the request into a database, Data Entry staff should enter the need as soon as possible, or could enter the data directly while speaking to the caller.

Next, call a runner by raising the flag at your station. Ask the Runner to post the volunteer request on the board in view of the Interviewers (Station #2) and then to give the Request for Volunteers form to the Data Coordinator (Station #3).

When people call to volunteer, thank them and give them the following registration options:

- They may register in person at the VRC, and will be given instructions when they arrive.

- They may register on-line, and will be e-mailed regarding possible assignments and given further instructions. If the caller represents a group that wishes to volunteer together, ask him to be patient while you determine where they can be of most help. It might take one day or several to match a volunteer with a need, especially if he is coming from out of town.

- When a match (a mission) is found for that volunteer, e-mail or call him back. Ask him to print the registration form he completed on-line and schedule a time for him to come to the VRC to turn in his signed registration form and complete the registration process.

Items needed:

- An ID Badge for each staff member
- Sign (Phone Bank)
- Supply of Request for Volunteers forms
- Flag or hat to summon a runner

- Two tables and four chairs
- Phones
- Pens
Volunteer Reception Center Staff Tasks – Data Entry

Your job is to enter the information from the Volunteer Registration and Request for Volunteers forms into the database so that an accurate record can be maintained of who participated in the recovery effort, what kinds of work they did and when it was performed.

After the initial influx of volunteers has subsided, you may have time to begin entering the referrals recorded on the Request for Volunteers forms and to close out the completed Requests. As needed by VRC staff, print updated lists of the unfilled Requests and ask a Runner to distribute copies to Phone Bank staff, Data Coordination, Interviewers and, if requested, the VRC Director.

Even if you are familiar with the software being used by the VRC, please ask for a brief orientation before beginning your first shift. Accuracy is more important than speed. The information you enter will be used to document the number of agencies and volunteers participating in the relief effort and the number of hours served.

If you have difficulty using the computer, please ask for help immediately. Do not attempt to fix the problem yourself.

Items needed:

- An ID Badge
- One table and two chairs
- Printer
- Pens
- Flag
- One or more computers (multiple computers should be networked to provide all users access to information on the status of volunteer requests and the availability of volunteers.)

Staff Tasks – Safety Trainers
(Station #4 Safety Briefing)

Your job is to brief all new volunteers on what to expect at their job sites, how to be safe while volunteering and how to take good care of themselves after their experience. When a small group has gathered, thank the volunteers for offering to help. Pass around a clipboard with an attendance sheet and check to be sure that all participants have signed it.

Read the entire Safety Training sheet slowly, emphasizing the importance of following supervisors’ instructions at the worksite. Encourage everyone to attend a debriefing, if available, at the end of their shift. Ask if there are any questions. If a question arises to which you do not know the answer, put on the hat to summon a runner. Ask the runner to summon the VRC Director or other VRC
staff to answer the question. At the conclusion of the briefing, direct volunteers to Station #5 Volunteer ID.

Attach a copy of the safety briefing script/handout to the attendance sheet for each class, file them in the folder and turn them in to the VRC Director daily.

Maintenance of these records is important to help protect the Volunteer Reception Center, voluntary agencies and emergency management officials from liability, should a volunteer be injured on the job.

**Items needed:**

- An ID Badge
- Sign (Station #4 Safety Training)
- Pen
- Stapler
- Flag or hat to summon runners
- List of additional training required by specific worksites, training locations and instructors
- 10 or more chairs, preferably in a semi-circle so everyone is
- Clipboard with attendance sheets
- A supply of Safety Training handouts
Volunteer Reception Center Staff Tasks – Volunteer ID Staff
(Station #5 Volunteer ID)

Thank all volunteers for coming out and ask to see their Referral forms. Clearly write on an ID wristband the name of the volunteer, dates he/she will be working, and the name of the agency to which the volunteer was referred, as shown on their Referral form. Place the ID wristband securely on the volunteer’s wrist.

Explain to the volunteers that the ID will be “good” only for the date(s) written on the band. Authorities may not permit them to enter any of the disaster impacted areas on any other day, without a current ID wristband. If volunteers plan to work more than one day, you may write the beginning and ending dates of their service.

Some volunteers will be required to take additional training for their particular work. When your briefing is concluded, direct those volunteers to where job training is being provided. Direct all others to the exit or to transportation to their work sites.

For this exercise, please ask participants to take a seat in the sitting area in the middle of the room. They will trade places with a VRC staff member as time allows.

If you need assistance, please raise your flag or put on the hat to summon a Runner.

Items needed:

- An ID Badge
- Two tables and four chairs
- Sign (Station #4 Volunteer I.D. Tags)
- Supply of volunteer ID wristbands
- Fine point indelible markers
- Scissors
- Flag or hat to summon runners
Volunteer Reception Center Staff Tasks – Runners

Your job is to carry information from one station to another within the VRC. When a station needs you to pick up forms, restock their supplies or escort a volunteer from one place to another, they will signal you by raising a flag or putting on a hat at their station.

Please watch carefully for this signal and respond promptly, in order to keep the information and volunteers moving smoothly through the registration and referral process.

One Runner should be stationed at the board on which Requests for Volunteers are posted. As a volunteer is referred, place a tally mark or otherwise indicate next to that request the number of volunteers referred. This prevents referring too many volunteers to a request.

Runners posting new Requests for Volunteers on the board, should use only the markers provided and write neatly and large enough so that the interviewers can see the requests clearly. After posting the request on the board, give the Request form to the Data Coordinator (Station #3).

Items needed:

- An ID Badge
- Dry erase marker or water soluble marker (Dry erase markers should not be used on a laminated “portable white board.”)
- Dry eraser or damp sponges
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<tr>
<th>Acronym</th>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>Concept of Operations</td>
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<td>Emergency Management Assistance Compact</td>
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<td>Emergency Support Function 8</td>
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<td>Homeland Security Exercise and Evaluation Program</td>
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<td>ICS</td>
<td>Incident Command System</td>
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<td>Just in Time (Training)</td>
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<td>Medical Reserve Corps</td>
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<td>Mississippi Responder Management System</td>
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<td>VRC</td>
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This one has a little of everybody on it with contact info. Will this one work.

Kerry Minninger  
Operations/Logistics Chief  
Office of Emergency Planning and Response  
Mississippi State Department of Health  
131 Freightways Drive  
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Office: 601-939-2660  
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From: Thurman, Karin  
Sent: Monday, January 09, 2017 8:31 AM  
To: Minninger, Charles Kerry  
Subject: RE: Measure 2.4.1

The measure calls for response partners and others. I do not believe the PHCC will work. Do you have any external partners in the system along with their contact information?

Karin Thurman  
SPO,IV  
601.576.7725

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<td>Adcock, Beth</td>
<td>769-798-3137</td>
<td><a href="mailto:beth@mdac.state.ms.us">beth@mdac.state.ms.us</a></td>
<td>Mississippi Veterinary Medical Reserve Corps</td>
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<tr>
<td>Bang, Elizabeth</td>
<td>601-260-1038</td>
<td><a href="mailto:elizabeth.bang@msdh.state.ms.us">elizabeth.bang@msdh.state.ms.us</a></td>
<td>D5 Call Down</td>
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<tr>
<td>Barham, Ben</td>
<td>601-527-7261</td>
<td><a href="mailto:benjamin.barham@msdh.state.ms.us">benjamin.barham@msdh.state.ms.us</a></td>
<td>District 6 Office Staff</td>
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<tr>
<td>Beaird, Bart</td>
<td>662-386-0082</td>
<td><a href="mailto:questions.bartbeaird@gmail.com">questions.bartbeaird@gmail.com</a></td>
<td>North Region Environmentalist</td>
</tr>
<tr>
<td>Berry, Christy</td>
<td>601-953-4325</td>
<td><a href="mailto:christy.craft@msdh.ms.gov">christy.craft@msdh.ms.gov</a></td>
<td>Claiborne, Copiah, Hinds, Madison, Rankin, Sharkey, Simpson, Warren, Yazoo, Issaquena, D5 SMNS Team 2, District 5, D5 Coordination/Command Center, D5 POD Setup/Demob Team, D5 SMNS Team 1, CRI</td>
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<td>Brooks, Lakesha</td>
<td>601-987-6893</td>
<td><a href="mailto:kesbrooks@gmail.com">kesbrooks@gmail.com</a></td>
<td>Mississippi Radiation Response Volunteer Corps</td>
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<td>Callender, Jason</td>
<td>601-503-0363</td>
<td><a href="mailto:ccallender@mema.ms.gov">ccallender@mema.ms.gov</a></td>
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<tr>
<td>Coker, Donald</td>
<td>601-924-9751</td>
<td><a href="mailto:donald.coker@msdh.state.ms.us">donald.coker@msdh.state.ms.us</a></td>
<td>Mississippi Mortuary Response Team (MMRT)</td>
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<tr>
<td>Davis, William</td>
<td>601-383-2796</td>
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<td>Dreiling, Donna</td>
<td>251-422-7355</td>
<td><a href="mailto:donna.dreiling@msdh.ms.gov">donna.dreiling@msdh.ms.gov</a></td>
<td>Mississippi Chempack Hospitals, RSS Group</td>
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<td>Duett, Benny</td>
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<td>Easterling, Latasha</td>
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<td><a href="mailto:joseph.randall.foster@gmail.com">joseph.randall.foster@gmail.com</a></td>
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<td>Fries, Rosemary</td>
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<td>Garcia, Michael</td>
<td>602-524-8234</td>
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<td>228-234-6058</td>
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<td>228-341-3521</td>
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<td>Mississippi Mortuary Response Team (MMRT)</td>
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<td>Harper, David</td>
<td>901-485-2346</td>
<td><a href="mailto:jharper@desotocountyms.gov">jharper@desotocountyms.gov</a></td>
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<tr>
<td>Houston, Zachary</td>
<td>601-750-5842</td>
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<td>662-515-1838</td>
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<td>kelley, julie</td>
<td>815-343-5763</td>
<td><a href="mailto:jdkelley@umc.edu">jdkelley@umc.edu</a></td>
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<td>Logan, Gay</td>
<td>601-573-8337</td>
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<td>McMinn, Dawn</td>
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<td>District 1 EMAs, District 1 Office Managers, District 1 PLOs,</td>
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